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Division of Corporations

Florida Department of State
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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (954)208-0845

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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Foreign Limited Liability Company
ATRIA Consulting, LLC

Certificate of Status	0
Certified Copy	1
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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. ATRIA CONSULTING, LLC
(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," or "LLC")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. New York (Jurisdiction under the law of which foreign limited liability company is organized)
3. 20-5217729 (FEI number, if applicable)

4. 01/21/2019 (Date first transacted business in Florida, if prior to registration)
(See sections 605.004 & 605.005, F.S. to determine penalty liability)

5. 100 Horizon Center Boulevard (Street Address of Principal Office)
Hamilton, NJ 08691
6. 32 Buford Road (Mailing Address)
Robbinsville, NJ 08691

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: C T Corporation System
Office Address: 1200 South Pine Island Road
Plantation Florida 33324

Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

By: C T Corporation System (Registered agent's signature)
Peter Trawinski Assistant Secretary

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Table with 4 columns: Title or Capacity, Name and Address, Title or Capacity, Name and Address. Row 1: Managing Member, Melissa Bordman, 32 Buford Road, Robbinsville, NJ 08691.

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(Use attachments if necessary)

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

Melissa Bordman (Signature of authorized person)
Melissa Bordman (Typed or printed name of signer)

**State of New York
Department of State } ss:**

I hereby certify, that ATRIA CONSULTING, LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 06/23/2006, and that the Limited Liability Company is existing so far as shown by the records of the Department. I further certify the following:

A Certificate of Publication of ATRIA CONSULTING, LLC was filed on 10/18/2006.

A Biennial Statement was filed 06/26/2008.

A Biennial Statement was filed 07/23/2010.

A Biennial Statement was filed 06/06/2012.

A Biennial Statement was filed 06/03/2014.

A Biennial Statement was filed 06/15/2016.

Certificate of Change was filed on 07/21/2016.

The Biennial Statement is past due.

I further certify, that no other documents have been filed by such Limited Liability Company.

Witness my hand and the official seal of the Department of State at the City of Albany, this 05th day of February two thousand and nineteen.



Whitney Clark

Whitney Clark
Deputy Secretary of State

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