

119000001998

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

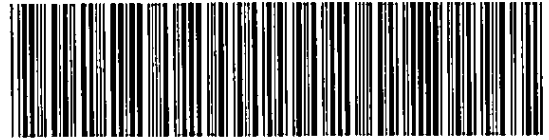
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

cert W19-13494

Office Use Only



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19 FEB 25 PM 5:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

O SIMMONS
FEB 27 2019

ATTN OCTAVIA SIMMONS



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 11, 2019

JOHN SCOTT
ONE GATEWAY CENTER, STE 2600
NEWARK, NJ 07102

SUBJECT: DELADAD ADVISORY LLC
Ref. Number: W19000013494

We have received your document for DELADAD ADVISORY LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia L Simmons
Regulatory Specialist III

Letter Number: 419A00002940

850-245-6915

2019 FEB 11 PM 1:16

COVER LETTER

**TO: Registration Section
Division of Corporations**

DELADAD ADVISORY LLC.

SUBJECT: _____
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

JOHN SCOTT

Name of Person

DELADAD ADVISORY LLC.

Firm/Company

ONE GATEWAY CENTER, SUITE 2600

Address

NEWARK, NJ. 07102

City/State and Zip Code

JOHN@DELADADMANAGEMENT.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOHN SCOTT

973

622-8137

at (_____)

Name of Contact Person

Area Code

Daytime Telephone Number

MAILING ADDRESS:

Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy

☒ \$160.00 Filing Fee, Certificate
of Status & Certified Copy

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS
IN FLORIDA**

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. DELADAD ADVISORY LIMITED LIABILITY COMPANY
(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 JERSEY 3. 455358695
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. _____
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. ONE GATEWAY CENTER, SUITE 2600 6. ONE GATEWAY CENTER, SUITE 2600
(Street Address of Principal Office) (Mailing Address)

NEWARK, NJ. 07102

NEWARK, NJ. 07102

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

Name: CLIVE MEDWYNTER JR.

Office Address: 6913 SIENNA CLUB PLACE

LAUDERHILL

, Florida

33319


(City)

(Zip code)

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TALLAHASSEE, FLORIDA

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.


(Registered agent's signature)

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

Title or Capacity:

Name and Address:

CEO

DWIGHT DELAPENHA

ONE GATEWAY CENTER, SUITE 2600

NEWARK, NJ 07102

DIRECTOR

KERRIE COKE

ONE GATEWAY CENTER, SUITE 2600

NEWARK, NJ 07102

OPERATIONS MANAGER

JOHN SCOTT

ONE GATEWAY CENTER, SUITE 2600

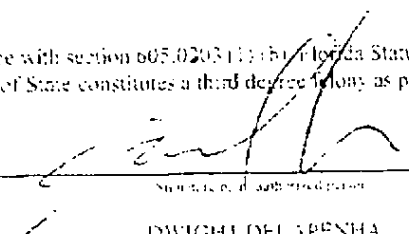
NEWARK, NJ 07102

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DEPARTMENT OF STATE
HALLWAY OFFICE

(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.817.55, F.S.



Signature of authorized person

DWIGHT DELAPENHA

Typed name of authorized person

**STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
DIVISION OF REVENUE AND ENTERPRISE SERVICES
SHORT FORM STANDING**

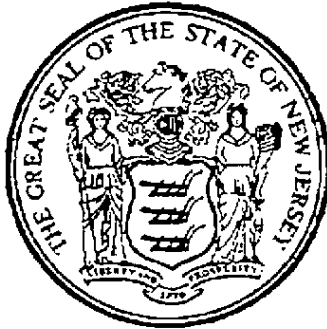
DELADAD ADVISORY LIMITED LIABILITY COMPANY
0400495704

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Limited Liability Company was registered by this office on May 25, 2012.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and office are:

DWIGHT DELAPENHA
47 HIGHWOOD ROAD
WEST ORANGE, NJ 07052



*IN TESTIMONY WHEREOF, I have
hereunto set my hand and affixed
my Official Seal at Trenton, this
8th day of January, 2019*

A handwritten signature in cursive script, appearing to read "Elizabeth Maher Muoio".

Elizabeth Maher Muoio
State Treasurer

Certificate Number: 6094082849

Verify this certificate online at

https://www.state.nj.us/TYTR_StandingCert/JSF/Verify_Cert.jsp