1190000000004

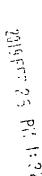
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Nane 4)19-13547 cut 90 L15-197986 Office Use Only
U15 -197986 Office Use Only



800323909838

02/04/19--01039--012 **125.00







FLORIDA DEPARTMENT OF STATE Division of Corporations

February 11, 2019

RICHARD MULLEN 11 SALVATORE CIRCLE WOOLWICH, NJ 08085

SUBJECT: RPM ENGINEERING LLC

Ref. Number: W19000013547

We have received your document for RPM ENGINEERING LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Therefore, the limited liability company must select an alternate name for use in the state of Florida.

Please insert the alternate name in the space provided on the application form.

The alternate name must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC". The abbreviations "Ltd." and "Co.", also are no longer acceptable.

The document number of the name conflict is L15000197986.

The certificate of existence must be issued within the last 90 days by the Secretary of State which has custody of the records in the jurisdiction under the laws of which the above listed entity is incorporated/organized.

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: 719A00002944

COVER LETTER

TO: Registration Section

	Name of Lir	nited Liability (Сотрапу	
enclosed "Application by Fo tence, and check are submitte	reign Limited Liability Companed to register the above reference	y for Authoriza ed foreign limi	ation to Transact Business in Florida," Ce ted liability company to transact business	ertificate in Flor
se return all correspondence	concerning this matter to the fol	llowing:		
Richard P. Mu	llen			
	Nam	e of Person		
RPM Engineer	ing LLC.			
	Firm	/Company		
11 Salvatore C	irele			
	1	Address		
Woołwich, Ne	w Jersey 08085			
	City/State	and Zip Code		
thee@rpmengine	_			
	E-mail address: (to be used for	or future annual	report notification)	
urther information concernir	ng this matter, please call:			
Tifani Hee	,	856 ut (776-4588	
Name o	of Contact Person	Area Code	Daytime Telephone Number	
MAILING ADDRESS:			STREET ADDRESS:	
Division of Corporations Registration Section	S		Division of Corporations Registration Section	
P.O. Box 6327			Clifton Building	
Tallahassee, FL 32314			2661 Executive Center Circle Tallahassee, FL 32301	
Enclosed is a check for t	he following amount:			

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

IN COMPILANCE WITH SECTION 605-0002, FLORIDA SEATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN, LIMITED (LABILITY COMPANY TO TRANSACT BUSINESS) IN THE STATE OF FLORIDA:

ew Jersey			47-1586116		
	tuch foreign limited hability company is organized	s.	(FEI number, if	, if applicables	
	(Date first transacted business in Florida, i (See sections 605 0904 & 605 0905, F.S.)	f prior to registration o determine penalty	i) liability)	50 5	
I I Salvatore Circle		,	11 Salvatore Circle		
(Street Address of I	rincipal (Hice)	6.	(Mailing Address)		
Woolwich, New Jersey	08085		Woolwich, New Jersey 08085	26 SSEE	
					
				1277 32	
				်မှူ <u>်</u> ၈	
				-	
Name and street addres	s of Florida registered agent: (P.C). Box <u>NOT</u> :	ecceptable)	်မှူ <u>်</u> ၈	
Name and street addres		D. Box <u>NOT</u> :	ecceptable)	်မှူ <u>်</u> ၈	
Name and street addres	s of Florida registered agent: (P.C). Box <u>NOT</u> ;	acceptable)	်မှူ <u>်</u> ၈	
Name:		D. Box <u>NOT</u> :	acceptable)	်မှူ <u>်</u> ၈	
	Mark Damiano	D. Box <u>NOT</u> :	acceptable)	်မှူ <u>်</u> ၈	
Name:	Mark Damiano	D. Box <u>NOT</u> ;	Pecceptable) 33441 (Zip code)	်မှူ <u>်</u> ၈	

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]: Name and Address: Title or Capacity: Name and Address: Title or Capacity: Name: Richard P. Mullen Manager Manager Manager Name: 11 Salvatore Circle Member Address: Member Address: ______ Woolwich, New Jersey 08085 Authorized Authorized Person Person Owner Owner Other Other____ Other__ Other____ Manager Manager Name: Member | Member Address: Address: □Authorized Authorized Person Person Other____ Other_ Other__ Manager Manager Manager [Name: ______ Member Address: ☐ Member Address: Authorized Authorized Person Person Other____ Other Other Other____ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed individuals may be added to the index when filing your Florida Department of State Annual Report form. 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. Richard P. Mullen

Eyped or printed name of signee

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

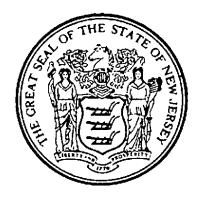
RPM ENGINEERING LLC 0600412858

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 July 09, 2014.

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:

RICHARD MULLEN
11 SALVATORE CIRCLE
WOOLWICH, NJ 08085



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 15th day of February, 2019

Sup or New

Elizabeth Maher Muoio State Treasurer

Certificate Number: 6095064458