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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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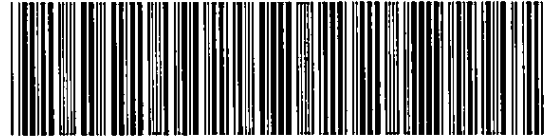
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TALLAHASSEE, FLORIDA

O SIMMONS
MAR 14 2019



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 11, 2019

BRAD PALMER
432 TPUURNAMENT DR, STE 11
UNION, NJ 07083

SUBJECT: OPTIBRAND LLC
Ref. Number: W19000013554

We have received your document for OPTIBRAND LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$125.00.

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: 219A00002946

2019 FEB -1 AM 10:31

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: OPTIBRAND LLC

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:

BRAD PALMER C.P.A

Name of Person

Firm/Company

432 TOURNAMENT DRIVE SUITE 11

Address

UNION, NEW JERSEY 07083

City/State and Zip Code

bradpalmer544@gmail.com

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

For further information concerning this matter, please call:

BRAD PALMER

908

489-0317

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

not

**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. OPTIBRAND 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 JERSEY

(Jurisdiction under the law of which foreign limited liability company is organized)

3. 20-8791315

(FEI number, if applicable)

4. DECEMBER 22, 2018

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

5. 83 ALEXANDER AVENUE

(Street Address of Principal Office)

6. 83 ALEXANDER AVENUE

(Mailing Address)

MONTCLAIR, NEW JERSEY 07960

MONTCLAIR, NEW JERSEY 07960

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

Name: Christopher Nikides

Office Address: 155 Ocean Lane Drive, Apt. 202

Key Biscayne, Florida 33149
(City) (Zip code)

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CLERK OF CIRCUIT COURT
IN AND FOR 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.

X CLM
(Registered agent's signature)

2019 FFD-1, PH12:23

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:

MANAGING MEMBER

DOMINICK CIRIGLIANO

83 ALEXANDER AVENUE

MONTCLAIR, N.J. 07960

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(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.

X



Signature of an authorized person

DOMINICK CIRIGLIANO

Typed or printed name of signer

**STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
DIVISION OF REVENUE AND ENTERPRISE SERVICES
LONG FORM STANDING WITH OFFICERS AND DIRECTORS**

OPTIBRAND LLC
0600281302

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 October 06, 2006.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey. Annual Reports are outstanding for the following year(s): 2018

I further certify that the registered agent and office are:

DOMINICK CIRIGLIANO
130 DOHERTY DRIVE
CLIFTON, NJ 07013

I further certify that as of the date of this certificate, the following were listed as officers/directors of this business on the last Annual Report filed in this office on August 24, 2017.

CHIEF EXEC. OFFICER (CEO)

DOMINICK J CIRIGLIAN OWNER
130 DOHERTY DRIVE
CLIFTON, NJ 07013



*IN TESTIMONY WHEREOF, I have
hereunto set my hand and affixed
my Official Seal at Trenton, this
18th day of January, 2019*

Elizabeth Maher Muoio
State Treasurer

Certificate Number 6094358923

Verify this certificate online at

https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp