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SECRETARY OF LATE

JALLAHASSEE JARL

O STAMACINE MAR 2 2/2019 CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 693081 4331939

AUTHORIZATION

COST LIMIT

ORDER DATE: March 21, 2019

ORDER TIME : 9:58 AM

ORDER NO. : 693081-005

CUSTOMER NO: 4331939

FOREIGN FILINGS

NAME: BLOOMINGDALE ASSOCIATES, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

__ CERTIFIED COPY __ PLAIN STAMPED COPY XX __ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner -- EXT# 62969

EXAMINER:

COVER LETTER

TO:		tration Section on of Corporation	s					
SUBJI		loomingdale Assoc						
1747174		Name of Limited Liability Company						
					cation to Transact Business in Florida," C lited liability company to transact busines			
Please	return al	l correspondence co	oncerning this matter to	the following:				
		Laurel Hergert						
		***************************************		Name of Person				
		Windsor Manag	ement, Inc.					
				Firm/Company				
20 Community Place, Suite 300								
		Address						
		Morristown, NJ	07960					
		***************************************	Ci	ty/State and Zip Code				
		LJHergert@richar	dsandrobbins.com					
			E-mail address: (to be	used for future annua	d report notification)			
For furt	ber infai	mation concerning	this matter, please call	:				
	Laurel	Hergert		973 at (539-1451 Daytime Telephone Number			
		Name of	Contact Person	Area Code	: Daytime Telephone Number			
	Divisio Registr P.(), Bo	ing Address; on of Corporations ation Section ox 6327 assec, FL 32314			STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301			
	Please		e following amount: e to: FLORIDA DEPA \$130.00 Filing For Certificate of	ee & 🔲 \$155.00	TE 9 Filing Fee & S160.00 Filing Fe of Status & Certif			

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

IN COMPLIANCE WITH SECTION (US.0902, FLORIDA STATUTIES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

- I	mania adopted for the purpose of transacting business in Flor				
Delaware		_	33-2974740 3. [FB] member, (f applicable)		
(Jurk detion under the la wol v	chid (Grei a timi d liabibi yenni anyis organized)	(FT) munber,	(aklasilqqa li		
, -,,,-	(Date first transacted luminess in Florida (Unior to a	enidation)			
	(Date first transacted luminess in Florida, if prior to a (See sections 605,0904 & 605,0905, F.S. to determine	ie pennity liability)			
3453 Timber Run Drive		20 Community Place 6.			
(Street Address of Principal Office)		(Mailing Address			
Valrico, Florida 33596		Suite 300	, <u></u> k		
		Morristown, NJ 07960	7 - 7 - 7 - 12 - 12 - 12 - 12 - 12 - 12		
Name and <u>street addres</u> Name:	ss of Florida registered agent: (P.O. Box Philip Richards	<u>NOT</u> acceptable)	21 71 8 01		
Office Address:	117 Terra Linda Place				
	Palm Beach Gardens	33418 , Florida			
	(Cuy)	(Zip code)			

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]: Title or Capacity: Name and Address: Title or Capacity: Name and Address: Name: Eric J. Robbins Name: David H. Richards Manager Manager 20 Community Place Address: 20 Community Place Member Address: Member Suite 300 Suite 300 Muthorized Authorized Morristown, NJ 07960 Morristawn, NJ 07960 Person Person Other____ Other _ _ _ Other Michael S. Robbins Name: Philip L. Richards Manager Manager 20 Community Place 20 Community Place Member Address: ☐ Member Suite 300 Suite 300 Authorized Authorized Morristown, NJ 07960 Morristown, NJ 07960 Person Person Other Other____ Other____ Other___ Manager | Manager Name: _ Name: Member Member | Address: _ Address: ☐ Authorized Authorized Person Person Other____ Other___ Other \bigcirc 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. Signature of an authorized person

Typed or printed name of signee

Eric J. Robbins



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "BLOOMINGDALE ASSOCIATES, LLC" IS DULY

FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS

OFFICE SHOW, AS OF THE TWENTY-FIRST DAY OF MARCH, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BLOOMINGDALE ASSOCIATES, LLC" WAS FORMED ON THE TWENTY-SIXTH DAY OF DECEMBER, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.



Authentication: 202487903

Date: 03-21-19