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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

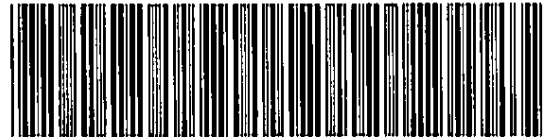
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 6, 2019

MICHAEL ENGELHARD
138 CAROLINE AVENUE
HAMILTON TOWNSHIP, NJ 08610

SUBJECT: LIT BAR AND LOUNGE LLC
Ref. Number: W19000039138



Enclosed please find your check #1001 in the amount of \$125.00 that was returned by your bank.

We have received your replacement check and your filing is now uninterrupted.

Thank you for your attention in this matter.

Sincerely
Tammi Cline
Regulatory Specialist III

Debit Memo: 038112-B
Letter Number: 519A00009050



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 29, 2019

MICHAEL ENGELHARD
138 CAROLINE AVENUE
HAMILTON TOWNSHIP, NJ 08610

SUBJECT: LIT BAR AND LOUNGE LLC
Ref. Number: W19000039138

Memo #: 038112-B

This letter is to inform you that your check number 1001 for \$125.00, which was dated April 10, 2019 and submitted for LIT BAR AND LOUNGE LLC has been returned to us by your bank because of NOT SUFFICIENT FUNDS.

We are notifying you because our records indicate that the paperwork for LIT BAR AND LOUNGE LLC has not been filed and was returned to you because of deficiencies in the document. If you send the document back to us to be filed, be sure to enclose a cashier's check or money order in the amount of \$140.00, as we cannot take credit card information over the phone. This will cover the unpaid check and also the service fee required by law under section 215.34, Florida Statutes.

When sending the cashier's check or money order, please indicate that it is a replacement for the returned check mentioned above. Also, please include in your response the Debit Memo number given above. Send your response to:

Division of Corporation
Attn: BROOKE KINSEY
P.O. Box 6327
Tallahassee, FL 32314

If you have any questions you may contact me at (850) 245-6939.

Tammi Cline
Regulatory Specialist III

Letter Number: 519A00008512



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 22, 2019

MICHAEL ENGELHARD
138 CAROLINE AVENUE
HAMILTON TOWNSHIP, NJ 08610

SUBJECT: LIT BAR AND LOUNGE LLC
Ref. Number: W19000039138

We have received your document for LIT BAR AND LOUNGE 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):

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) 245-6052.

Brooke N Kinsey
Regulatory Specialist II

Letter Number: 919A00008063

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: LIT Bar and Lounge 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:

Michael Engelhard
Name of Person

LIT Bar and Lounge LLC
Firm/Company

138 Caroline Avenue
Address

Hamilton, NJ 08610
City/State and Zip Code

michael.engelhardjr@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael Engelhard at (732) 718-8264
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:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

- ☒ \$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. LIT Bar and Lounge 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. NJ
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 832-284-288
(FBI number, if applicable)

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

5. 601 Main Street
(Street Address of Principal Office)

6. 138 Caroline Avenue
(Mailing Address)

Daytona Beach, FL
32114

Hamilton Township NJ
08610


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

Name: Christopher Jones

Office Address: 1711 North Nova Road
Unit A, Holly Hill, Florida 32117
(City) (Zip code)

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)

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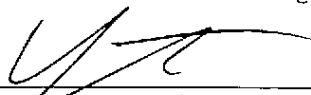
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage (up to six (6) total):

<u>Title or Capacity:</u>		<u>Name and Address:</u>		<u>Title or Capacity:</u>		<u>Name and Address:</u>	
<input checked="" type="checkbox"/> Manager	Name:	<u>Michael Engelhard</u>	<input checked="" type="checkbox"/> Manager	Name:	<u>Brandon Chetoo</u>		
<input type="checkbox"/> Member	Address:	<u>138 Caroline Avenue</u>	<input type="checkbox"/> Member	Address:	<u>902 S Park Avenue</u>		
<input type="checkbox"/> Authorized Person		<u>Hamilton Township, NJ</u>	<input type="checkbox"/> Authorized Person		<u>Linden, NJ 07036</u>		
<input type="checkbox"/> Other		<u>08610</u>	<input type="checkbox"/> Other				
<input type="checkbox"/> Other			<input type="checkbox"/> Other				
<input checked="" type="checkbox"/> Manager	Name:	<u>De'undra Prescott</u>	<input checked="" type="checkbox"/> Manager	Name:	<u>Christopher Jones</u>		
<input type="checkbox"/> Member	Address:	<u>7110 Duckett's Lane</u>	<input type="checkbox"/> Member	Address:	<u>1711 North Nova Road</u>		
<input type="checkbox"/> Authorized Person		<u>Apt #303 Elkridge</u>	<input type="checkbox"/> Authorized Person		<u>Unit A, Holly Hill FL</u>		
<input type="checkbox"/> Other		<u>MD, 21075</u>	<input type="checkbox"/> Other		<u>032117</u>		
<input type="checkbox"/> Other			<input type="checkbox"/> Other				
<input type="checkbox"/> Manager	Name:		<input type="checkbox"/> Manager	Name:			
<input type="checkbox"/> Member	Address:		<input type="checkbox"/> Member	Address:			
<input type="checkbox"/> Authorized Person			<input type="checkbox"/> Authorized Person				
<input type="checkbox"/> Other			<input type="checkbox"/> Other				
<input type="checkbox"/> Other			<input type="checkbox"/> Other				

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed 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
Michael Engelhard

Typed or printed name of signee

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

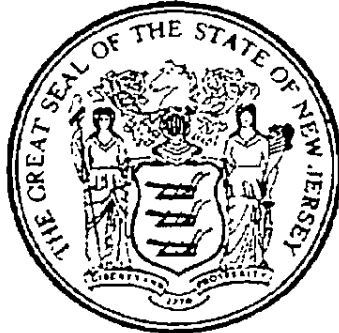
**LIT BAR AND LOUNGE LLC
0450316741**

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named Florida Foreign Limited Liability Company was registered by this office on October 22, 2018.

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:

BRANDAN CHATTOO
902 S PARK AVENUE
LINDEN, NJ 07036



*IN TESTIMONY WHEREOF, I have
hereunto set my hand and affixed
my Official Seal at Trenton, this
2nd day of May, 2019*

Elizabeth Maher Muoio
State Treasurer

Certificate Number : 6697096880

Verify this certificate online at:

https://www.state.nj.us/TYTR_StandingCert/JS?Verify_Cert.jsp