

Division of Corporations

Page 1 of 1

MI90001521563

Michigan Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H190001521563)))



H190001521563ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : DEAN, MEAD, EGERTON, BLOODWORTH, CAPOUANO & BOZARTH, P.A.
Account Number : 076077001702
Phone : (407) 841-1200
Fax Number : (407) 423-1831

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: rtarino@cra-z-art.com

Foreign Limited Liability Company
Larose Industries LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.08

FILED
19 MAY -8 AM 11:50
MICHIGAN DEPT OF STATE

Electronic Filing Menu

Corporate Filing Menu

Help

O SIMMONS
MAY 09 2019

(((H19000152156 3)))

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS
IN FLORIDAIN 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. Larose Industries 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 26-3090270
(Jurisdiction under the law of which foreign limited liability company is organized) (FBI number, if applicable)4. 2019
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)5. 1578 Sussex Turnpike 1578 Sussex Turnpike
(Street Address of Principal Office) (Mailing Address)

Randolph, NJ 07869 Randolph, NJ 07869

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

Name: Dean Mead Services, LLC
Office Address: 420 S. Orange Avenue, Suite 700
Orlando, Florida 32801
(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.

Dean Mead Services, LLC

By: Vice President of Sole Member
(Registered agent's signature)

(((H19000152156 3)))

FILED
19 MAY -8 AM 11:50
CLERK OF CIRCUIT COURT
IN AND FOR THE COUNTY OF FLORIDA

(((H19000152156 3)))

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:**

☒ Manager Name: Lawrence I. Rosen

☐ Member Address: 1578 Sussex Turnpike

☐ Authorized Randolph, NJ 07869

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: Nollie Mahabir

☐ Member Address: 1578 Sussex Turnpike

☐ Authorized Randolph, NJ 07869

Person _____

☒ Other CEO ☐ Other _____

☐ Manager Name: Randy Tarino

☐ Member Address: 1578 Sussex Turnpike

☐ Authorized Randolph, NJ 07869

Person _____

☒ Other COO ☐ Other _____

Title or Capacity: **Name and Address:**

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

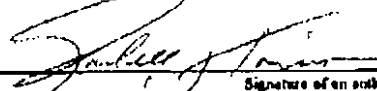
Person _____

☐ Other _____ ☐ 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

Randall J. Tarino C.O.O.

 Typed or printed name of signer

(((H19000152156 3)))

(((H19000152156 3)))
STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
DIVISION OF REVENUE AND ENTERPRISE SERVICES
SHORT FORM STANDING

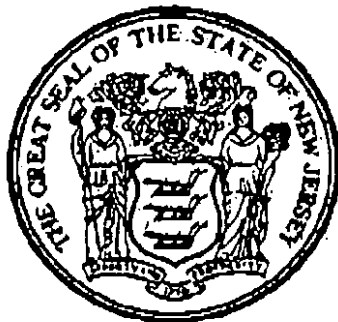
LAROSE INDUSTRIES LLC
0400232595

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 19, 2008.

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:

CHARLES A. ROSEN
174 EAGLE ROCK AVE
ROSELAND, NJ 07068-1351



*IN TESTIMONY WHEREOF, I have
hereunto set my hand and affixed
my Official Seal at Trenton, this
3rd day of May, 2019*

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

Elizabeth Maher Muolo
State Treasurer

Certificate Number : 6097126416

Verify this certificate online at

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

(((H19000152156 3)))