

**Florida Department of State**  
**Division of Corporations**  
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To:

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

From:

Account Name : M. BURR KEIM COMPANY  
Account Number : 119990000242  
Phone : (215)563-8113  
Fax Number : (215)977-9386

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

Email Address: \_\_\_\_\_

**Foreign Limited Liability Company**  
**ACKER BRYANT DESIGN, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
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Electronic Filing Menu

Corporate Filing Menu

Help

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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 ACKER BRYANT DESIGN, LLC

(Name of Foreign Limited Liability Company. must include "Limited Liability Company," "LLC," 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," "LLC," or "LLC.")

2 New Jersey

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

3

(FBI number, if applicable)

4

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

54 Atlantic Avenue

5

(Street Address of Principal Office)

Deal, NJ 07723

54 Atlantic Avenue

6

(Mailing Address)

Deal, NJ 07723

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

Name

W Bradley Munroe, Esquire

Office Address.

239 East Virginia Street

Tallahassee

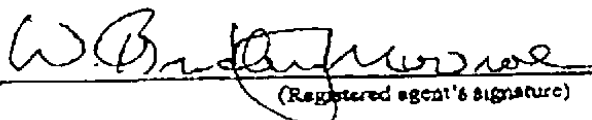
Florida 32301

(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]

Title or Capacity:                      Name and Address:

☐ Manager      Name: Jeffrey Acker

☒ Member      Address: 54 Atlantic Avenue

☐ Authorized      Deal, NJ 07723

Person \_\_\_\_\_

☐ Other \_\_\_\_\_      ☐ Other \_\_\_\_\_

☐ Manager      Name: \_\_\_\_\_

☐ Member      Address: \_\_\_\_\_

☐ Authorized      \_\_\_\_\_

Person \_\_\_\_\_

☐ Other \_\_\_\_\_      ☐ Other \_\_\_\_\_

☐ Manager      Name: \_\_\_\_\_

☐ Member      Address: \_\_\_\_\_

☐ Authorized      \_\_\_\_\_

Person \_\_\_\_\_

☐ Other \_\_\_\_\_      ☐ Other \_\_\_\_\_

Title or Capacity:                      Name and Address:

☐ Manager      Name: Iris Acker

☒ Member      Address: 54 Atlantic Avenue

☐ Authorized      Deal, NJ 07723

Person \_\_\_\_\_

☐ Other \_\_\_\_\_      ☐ Other \_\_\_\_\_

☐ Manager      Name: \_\_\_\_\_

☐ Member      Address: \_\_\_\_\_

☐ Authorized      \_\_\_\_\_

Person \_\_\_\_\_

☐ Other \_\_\_\_\_      ☐ Other \_\_\_\_\_

☐ Manager      Name: \_\_\_\_\_

☐ Member      Address: \_\_\_\_\_

☐ Authorized      \_\_\_\_\_

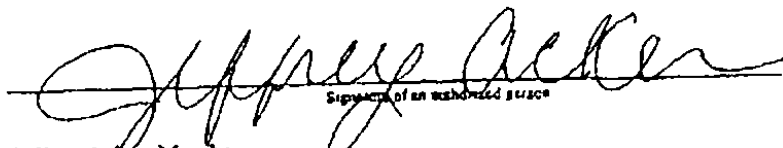
Person \_\_\_\_\_

☐ 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.

  
\_\_\_\_\_  
Jeffrey Acker, Member  
\_\_\_\_\_  
Typed or printed name of signer

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

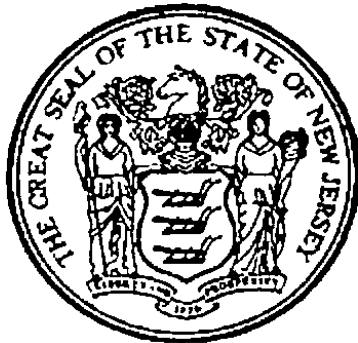
**ACKER BRYANT DESIGN, LLC**  
0600258608

*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 January 20, 2006.*

*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:*

STEVEN SEWALD  
242 STATE ROUTE 79 N STE 3  
SUITE 3  
MORGANVILLE, NJ 07751



*IN TESTIMONY WHEREOF, I have  
hereunto set my hand and affixed  
my Official Seal at Trenton, this  
28th day of June, 2019.*

Elizabeth Muher Muoio  
State Treasurer

Certificate Number 6098602367

Verify this certificate online at

[https://www1.state.nj.us/TYTR\\_StandingCert/JSP/Verify\\_Cert.jsp](https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp)

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