

Division of Corporations

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Florida Department of State  
Division of Corporations  
Electronic Center

**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.**

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**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 : DIVERSIFIED CORPORATE SERVICES INT'L, INC.  
Account Number : I20090000024  
Phone : (518)229-8228  
Fax Number : (302)371-9850

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

Email Address: jerry@diversifiedcorp.com

**Foreign Limited Liability Company  
HARRISON SCOTT REALTY LLC**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

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JUL 12 2019

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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. HARRISON SCOTT REALTY 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. APPLIED FOR  
(FBI number, if applicable)

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

5. C/O HARRISON SCOTT PUBLICATIONS  
(Street Address of Principal Office)

6. SAME  
(Mailing Address)

5 MARINE VIEW PLAZA, SUITE 400

HOBOKEN, NJ 07030

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

Name: DIVERSIFIED CORPORATE SERVICES INT'L, INC.

Office Address: 18560 NORTH BAY ROAD

SUNNY ISLES BEACH, Florida 33160  
(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.*

/s/ JERRY JOSEPH, PRESIDENT

(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: ANDREW S. ALBERT, MMBR  
☒ Member Address: C/O HSP  
☐ Authorized 5 MARINE VIEW PLAZA, STE. 400  
Person HOBOKEN, NJ 07030  
☐ Other ☐ Other

☐ Manager Name: THOMAS J. PERRIS  
☒ Member Address: C/O HSP  
☐ Authorized 5 MARINE VIEW PLAZA, STE. 400  
Person HOBOKEN, NJ 07030  
☐ Other ☐ Other

☐ Manager Name: \_\_\_\_\_  
☐ Member Address: \_\_\_\_\_  
☐ Authorized \_\_\_\_\_  
Person \_\_\_\_\_  
☐ Other ☐ Other

Title or Capacity: Name and Address:  
☐ Manager Name: DANIEL COWLES, MMBR  
☒ Member Address: C/O HSP  
☐ Authorized 5 MARINE VIEW PLAZA, STE. 400  
Person HOBOKEN, NJ 07030  
☐ 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.

/s/ ANDREW S. ALBERT

Signature of an authorized person

ANDREW S. ALBERT, MANAGING 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**

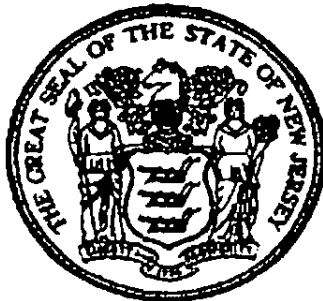
**HARRISON SCOTT REALTY LLC  
0450397764**

*I, the Treasurer of the State of New Jersey, do hereby certify that the above-named NJ Domestic Limited Liability Company (LLC) was registered by this office on Wednesday, July 10, 2019.*

*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 registered office are:*

**ANDREW S. ALBERT  
C/O HARRISON SCOTT PUBLICATIONS  
5 MARINE VIEW PLAZA, STE. 400  
HOBOKEN, NEW JERSEY 07030**



*IN TESTIMONY WHEREOF, I have  
hereunto set my hand and  
affixed my Official Seal  
10th day of July, 2019*

A handwritten signature in black ink, appearing to read "Elizabeth Maher Muolo".

**Elizabeth Maher Muolo  
State Treasurer**

**Certificate Number : 4082079185  
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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STATE OF NEW JERSEY  
TREASURER'S OFFICE  
TREASURY DEPARTMENT  
ATLANTA, FLORIDA