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JUL 16 20

July 1, 2019

Division Of Corporations  
Registration Section  
P.O. Box 6327  
Tallahassee, FL. 32314

Dear Sir/Ms.

Enclosed find a completed and signed foreign registration form for my NJ LLC - 2001 LBI, LLC, together with a Certificate of Good Standing issued by the State of New Jersey and dated May 20, 2019.

Also enclosed is my check for \$160., representing the filing fee, Cert. of Status and Certified Copy.

Please advise if you have any questions.

Thank You.

*Thomas S McArdle*

Tom McArdle

Managing Member

2001 LBI, LLC

tsmc10551@icloud.com

COVER LETTER

TO: **Registration Section  
Division of Corporations**

2001 LBI LLC

SUBJECT: \_\_\_\_\_  
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:

Thomas S. McArdle

\_\_\_\_\_  
Name of Person

2001 LBI LLC

\_\_\_\_\_  
Firm/Company

1012 S Shore Ave.

\_\_\_\_\_  
Address

Ship Bottom, NJ 08008-6326

\_\_\_\_\_  
City/State and Zip Code

tsmc10551@icloud.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tom McArdle

201

281-1762

\_\_\_\_\_  
Name of Contact Person

at (\_\_\_\_\_) \_\_\_\_\_

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:*

2001 LBI, LLC

1. \_\_\_\_\_  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")  
2001FL LBI 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.")  
State of New Jersey

2. \_\_\_\_\_  
(Jurisdiction under the law of which foreign limited liability company is organized)

3. \_\_\_\_\_  
(FEI 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)

8052 Rio Bella Pl., University Park, FL. 34201

1012 S. Shore Ave., Ship Bottom, N.J. 08008

5. \_\_\_\_\_  
(Street Address of Principal Office)

6. \_\_\_\_\_  
(Mailing Address)

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

Name: Thomas S. McArdle

8052 Rio Bella Pl.

Office Address: \_\_\_\_\_

University Park

34201

\_\_\_\_\_, Florida \_\_\_\_\_  
(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 designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar and accept the obligations of my position as registered agent.*

*Thomas S McArdle*

(Registered agent's signature)

JUL 5 PM 10:00

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons author 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: Thomas S. McArdle            | <input checked="" type="checkbox"/> Manager    | Name: Glenn Burke                  |
|  | 8052 Rio Bella Pl.                 |  | 8052 Rio Bella Pl.                 |
| <input checked="" type="checkbox"/> Member     | Address: University Park, Fl 34201 | <input checked="" type="checkbox"/> Member     | Address: University Park, Fl 34201 |
| <input checked="" type="checkbox"/> Authorized |                                    | <input checked="" type="checkbox"/> Authorized |                                    |
| Person   |                                    | Person   |                                    |
| <input type="checkbox"/> Other                 | <input type="checkbox"/> Other     | <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            |                                    | <input type="checkbox"/> Authorized            |                                    |
| Person   |                                    | Person   |                                    |
| <input type="checkbox"/> Other                 | <input type="checkbox"/> Other     | <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            |                                    | <input type="checkbox"/> Authorized            |                                    |
| Person   |                                    | 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. No 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 jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under 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.

*Thomas S McArdle*

Signature of an authorized person

Thomas S. McArdle

Typed or printed name of signee

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

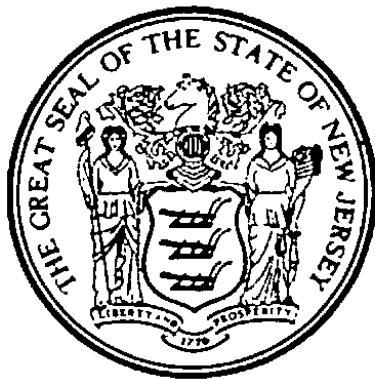
**2001 LBI, LLC  
0400342122**

*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 April 11, 2010.*

*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:*

**UNITED STATES CORPORATION AGENTS, INC.  
330 CHANGEBRIDGE RD STE 101  
PINE BROOK, NJ 07058**



*IN TESTIMONY WHEREOF, I have  
hereunto set my hand and affixed  
my Official Seal at Trenton, this  
20th day of May, 2019*

**Elizabeth Maher Muoio  
State Treasurer**

*Certificate Number : 6097538388*

*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)*