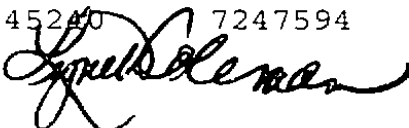




CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195  
REFERENCE : 845240 7247594  
AUTHORIZATION :   
COST LIMIT : \$ 125.00

-----  
ORDER DATE : July 16, 2019  
ORDER TIME : 2:52 PM  
ORDER NO. : 845240-005  
CUSTOMER NO: 7247594  
-----

FOREIGN FILINGS

NAME: RAM ASSET MANAGEMENT-HOBOKEN,  
LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_\_ CERTIFIED COPY  
XX \_\_\_\_\_ PLAIN STAMPED COPY  
\_\_\_\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Robinson -- EXT# 62968

EXAMINER: \_\_\_\_\_

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: RAM ASSET MANAGEMENT-HOBOKEN, 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:

Kevin M. Kilcullen, Esq.

Name of Person

Stem Kilcullen & Rufolo, LLC

Firm/Company

325 Columbia Tpke, Ste 110, PO Box 992

Address

Florham Park, NJ 07932-0992

City/State and Zip Code

kkilcullen@sgklaw.com

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

For further information concerning this matter, please call:

Kevin M. Kilcullen, LLC

Name of Contact Person

973

at ( )

Area Code

535-2604

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

RECEIVED  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

19 JUL 16 AM 11:15

10-100

Enclosed is a check for the following amount:

- \$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. RAM ASSET MANAGEMENT-HOBOKEN, 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  
(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)

5. 325 Columbia Tpke, Ste 110  
(Street Address of Principal Office)  
 \_\_\_\_\_  
Florham Park, NJ 07932

6. 325 Columbia Tpke, Ste 110  
(Mailing Address)  
PO Box 992  
Florham Park, NJ 07932

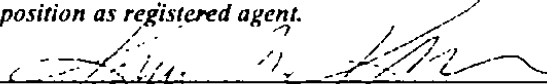
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 DEPT. OF STATE  
 FALL AHH/REGISTRATION FLORIDA

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

Name: Kevin M. Kilcullen, Esq., Stern Kilcullen & Rufolo  
 Office Address: 214 Brazilian Avenue, Suite 200  
Palm Beach, Florida 33480  
(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)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

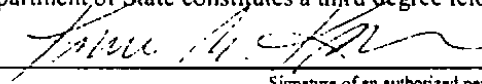
<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<u>Manager</u>	<u>Kevin M. Kilcullen</u> <u>325 Columbia Tpke, Ste 110</u> <u>Florham Park, NJ 07932</u>	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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 DEPT. OF STATE  
 FALL AHH/REGISTRATION FLORIDA

(Use attachments if necessary)

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

Kevin M. Kilcullen  
Typed or printed name of signee

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

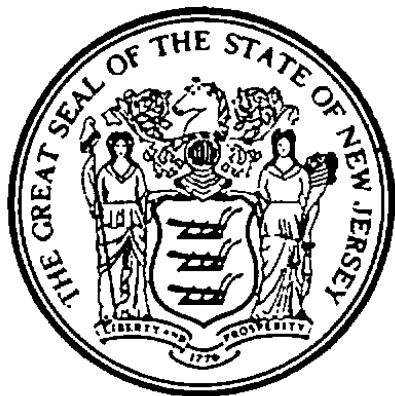
RAM ASSET MANAGEMENT- HOBOKEN, LLC  
0600218691

*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 November 15, 2004.*

*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:*

KEVIN M. KILCULLEN, ESQ.  
STERN KILCULLEN & RUFOLO, LLC  
325 COLUMBIA TPK ST 110, PO BOX 992  
FLORHAM PARK, NJ 07932-0992



*IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 16th day of July, 2019.*

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

Elizabeth Maher Muoio  
State Treasurer

Certificate Number : 6098999770

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)