

10/11/2019

Division of Corporations

Florida Department of Banking and Finance

Division of Corporations

Electronic Filing System

**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.

(((H19000302282 3)))



H190003022823ABC.

**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 : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (614)280-3338  
Fax Number : (954)208-0845

**\*\*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  
ST PETERSBURG PROPERTY LLC**

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

Y SCOTT

OCT 11 2019

Electronic Filing Menu

Corporate Filing Menu

Help

**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. ST PETERSBURG PROPERTY LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "L.L.C.")

(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 "L.L.C.")

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

3. \_\_\_\_\_  
(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. 67 MOUNTAIN BLVD, SUITE 201  
(Street Address of Principal Office)

6. 67 MOUNTAIN BLVD, SUITE 201  
(Mailing Address)

WARREN, NJ 07059

WARREN, NJ 07059

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

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324  
(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.

By: Margaret E. Routzahn  
(Registered agent's signature)

**MARGARET E. ROUTZAHN**  
Special Assistant Secretary

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: DULCITA SEGAL

☐ Member Address: 67 MOUNTAIN BLVD

☐ Authorized SUITE 201

Person WARREN, NJ 07059

☐ 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: STACEY GLICKSTEIN

☐ Member Address: 67 MOUNTAIN BLVD

☒ Authorized SUITE 201

Person WARREN, NJ 07059

☐ 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.

*Dulcita Segal*

Signature of an authorized person

DULCITA SEGAL

Typed or printed name of signer

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

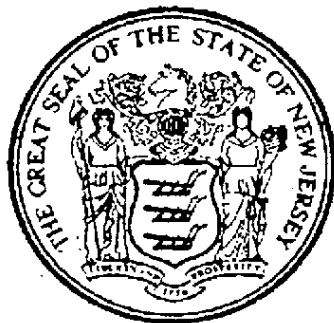
**ST PETERSBURG PROPERTY LLC**  
0450425572

*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 October 09, 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 office are:*

B&D HOLDINGS INC  
67 MOUNTAIN BLVD STE 201  
WARREN, NJ 07059



IN TESTIMONY WHEREOF, I have  
hereunto set my hand and affixed  
my Official Seal at Trenton, this  
10th day of October, 2019

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

Elizabeth Maher Muoio  
State Treasurer

TALLAHASSEE, FLORIDA

2019 OCT 11 PM 4:45

Certificate Number : 6101446181

Verify this certificate online at

[https://www1.state.nj.us/TYTR\\_StandingCertJSP/Verify\\_Cert.jsp](https://www1.state.nj.us/TYTR_StandingCertJSP/Verify_Cert.jsp)