

M19 00000 9769

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

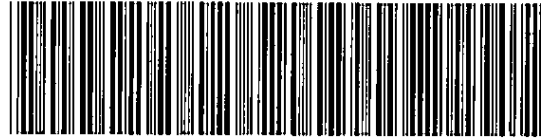
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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09/24/19--01008--051 **130.00

2019 SEP 24 PM 2:15
CLERK OF STATE
TALLAHASSEE, FLORIDA

OK
10-15-19

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RECYCLING, MEET & GREET PARTY TOURS 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:

MARSHA SIHA
Name of Person
Firm/Company
17350 STATE HWY 249 STE 220
Address
HOUSTON, TX 77064
City/State and Zip Code
EFILE1234@INCFILE.COM
E-mail address: (to be used for future annual report notification)

RECEIVED
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

2019 SEP 24 PM 2:15

For further information concerning this matter, please call:

MARSHA SIHA at () 8884623453
Name of Contact Person 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:

1. RECYCLING, MEET & GREET PARTY TOURS 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 3. 83-1102226
(Jurisdiction under the law of which foreign limited liability company is organized) (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. 626 SHERIDAN AVE 6. 626 SHERIDAN AVE
(Street Address of Principal Office) (Mailing Address)
PLAINFIELD, NJ 07060 PLAINFIELD, NJ 07060

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

Name: Khiry Hughes
Office Address: 900 West Avenue Apt 339
Miami Beach 33139
(City) Florida (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.

Khiry Hughes
(Registered agent's signature)

2019 SEP 24 PM 2:15
CLERK OF STATE
ALLAHASSEL FL 09103

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: Khiry Hughes

☒ Member Address: 626 SHERIDAN AVE

☐ Authorized PLAINFIELD, NJ 07060

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: Randall Wall

☒ Member Address: 626 SHERIDAN AVE

☐ Authorized PLAINFIELD, NJ 07060

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

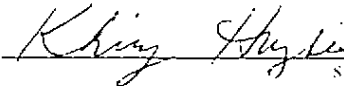
Person _____

☐ 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.



Signature of an authorized person

Khiry Hughes

Typed or printed name of signer

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

RE'SCYCLING, MEET & GREET PARTY TOURS LLC

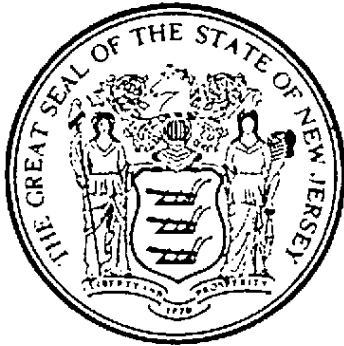
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I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Limited Liability Company was registered by this office on July 02, 2018.

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:

LEGALINC CORPORATE SERVICES INC.
301 ROUTE 17 NORTH
SUITE 800 # 12-40
RUTHERFORD, NJ 07070



*IN TESTIMONY WHEREOF, I have
hereunto set my hand and affixed
my Official Seal at Trenton, this
18th day of September, 2019*

Elizabeth Maher Muoio
State Treasurer

Certificate Number : 6100787700

Verify this certificate online at

http://www1.state.nj.us/TYTR_StandingCert/ISP/Verify_Cert.jsp