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EXAMINER

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#### COVER LETTER

Registration Section
Division of Corporations

TO:

SUBJECT:		Friendly Vi Name of Limit						
The enclosed "Ap Existence, and che	plication by Foreign Lir ck are submitted to reg	mited Liability Company ister the above referenced	for Authoriza I forcign limit	tion to Transact l ted liability comp	Business in Flori any to transact b	da," C ousines	lertifica ss in Flo	ite of orida.
Please return all c	orrespondence concerni	ing this matter to the follo	wing:					
		Diana We						
		Name	of Person					
	Friendly Village, LLC							
		FirnVC	Company					
	75 Jacobus Avenue Address							
_	Kearny, NJ 07032  City/State and Zip Code  dianaw@spectraserv.com  E-mail address: (to be used for future annual report notification)			20 30 30 S	2013 OCT 28 PM	FIED		
For further inform	nation concerning this n	natter, please call:			, in the second		PM 3: 53	
	Diana Welch Name of Conta		( 973 Area Code	) 589-0277 Daytime T	relephone Numb	er		
Division Registra P.O. Bo	of Corporations tion Section x 6327 see, FL 32314			STREET ADE Division of Cor Registration Se Clifton Buildin 2661 Executive Tallahassee, FL	rporations ction g : Center Circle			
Please n	_	owing amount: FLORIDA DEPARTME \$130.00 Filing Fee & Certificate of Status	\$155.00	TE ) Filing Fee & ied Copy	S160.00 Fi	_		

#### 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: Friendly Village, 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 "L.L.C.") New Jersey (Jurisdiction under the law of which foreign limited liability company is organized) (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 75 Jacobus Avenue 75 Jacobus Avenue (Street Address of Principal Office) (Mailing Address) Kearny, NJ 07032 Kearny, NJ 07032 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Chris Miele Name: 712 SE Harper Street, Suite 201 Office Address: Stuart 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 agont. (Registered agent's signature)

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]: Name and Address: Title or Capacity: Name and Address: Title or Capacity: Name: Chris Miele Name: Joseph A. Miele Manager Manager 75 Jacobus Avenue 75 Jacobus Avenue Address: Kearny NJ 07032 Address: Kearny NJ 07032 x Member Member Authorized ☐ Authorized Person Person Other\_\_\_\_ Other\_ \_\_Other\_\_\_\_ Other Name: \_\_\_\_\_ Manager Manager Name: \_\_\_\_\_ Manager Address: \_\_\_\_\_ Member Address: \_\_\_\_\_\_ Member Authorized Authorized Person Person Other Other\_\_\_\_ Other\_ Name: \_\_\_\_\_\_ Manager | Manager Address: \_\_\_\_\_ ☐ Member Address: \_ Member Authorized Authorized Person Person Other\_\_\_\_ Other Other\_\_\_\_ Other\_ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed 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 pe

Joseph A. Miele
Typed or printed name of signee

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

### FRIENDLY VILLAGE, L.L.C. 0600122936

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 September 12, 2001.

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:

JOSEPH A. MIELE 66 HARVARD AVE POINT PLEASANT BEACH, NJ 08742



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 23rd day of September, 2019

duk A Mum

Elizabeth Maher Muoio State Treasurer

Certificate Number: 6100914472

Verify this certificate online at

https://www.l.state.nj.us/TYTR\_StandingCert/JSP/Verify\_Cert.jsp