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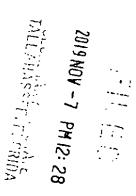
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| Certified Copies        | _ Certificates    | s of Status |
| Special Instructions to | Filing Officer:   |             |
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### FLORIDA DEPARTMENT OF STATE Division of Corporations

October 16, 2019

DAVID J. GUTWETTER 65 HARRISTOWN ROAD STE:206 GLEN ROCK, NJ 07452

SUBJECT: JILLCO ASSOCIATES LIMITED LIABILITY COMPANY

Ref. Number: W19000092216

We have received your document for JILLCO ASSOCIATES LIMITED LIABILITY COMPANY and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 819A00021400

Yvette Scott Document Specialist II

THE LANGE

#### **COVER LETTER**

TO:

Registration Section

| Division of Corporations  |   |  |                                       |
|---|---|--|---------------------------------------|
| . JILLCO ASSOCIATES LIMITED LIABIT SUBJECT:   | Y COMPANY   |  |                                       |
|   | e of Limited Liability Company  |  |                                       |
| The enclosed "Application by Foreign Limited Liability C<br>Existence, and check are submitted to register the above r  | Company for Authorization to Transact Buseferenced foreign limited liability compan                                       | siness in Florida,"<br>y to transact busir | Certificate of ness in Florida.       |
| Please return all correspondence concerning this matter to  | the following:  |  |                                       |
| DAVID J. GUTWETTER CPA  |   | 7. 21.                                     |                                       |
|   | Name of Person  | 11 N 61                                    |                                       |
| CATANIO & GUTWETTER PA CPA  | 'S  | 2019 NOV -                                 | · · · · · · · · · · · · · · · · · · · |
|   | Firm/Company  | <b>7</b>                                   |                                       |
| 65 HARRISTOWN ROAD STE 206  |   | PM 12: 25                                  |                                       |
|   | Address   | 28<br>110A                                 |                                       |
| GLEN ROCK. NJ 07452   |   |  |                                       |
| Ci  | ty/State and Zip Code   |  |                                       |
| SAILORSL@AOL.COM  |   |  |                                       |
| E-mail address: (to be  | used for future annual report notification)   |  |                                       |
| For further information concerning this matter, please call   | :   |  |                                       |
| DAVID GUTWETTER   | 201 345-7999<br>at ( )  |  |                                       |
| Name of Contact Person  | <del></del>   | phone Number                               |                                       |
| MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tailahassee, FL 32314  | STREET ADDRE<br>Division of Corpor<br>Registration Section<br>Clifton Building<br>2661 Executive Ce<br>Tallahassee, FL 32 | rations<br>on<br>enter Circle              |                                       |
| Enclosed is a check for the following amount:  \$\Begin{align*} \Boxed{1} \\$ \$125.00 \text{ Filing Fee} & \Omega \\$ \$130.00 \text{ Filing Fee} \\ & \text{Certificate of Status} \end{align*} | •   | .00 Filing Fee, Ce<br>as & Certified Cop   |                                       |

## 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:

| NEW JERSEY   | e adopted for the purpose of transacting business in F   |  |  |  |
|--|--|--|--|--|
|  |  | 3 26-2225696   |  |  |
|  | ch foreign limited liability company is organized)   | 3. 20-2223070  | (FEI number,   | if applicable)   |
|  |  |  |  |  |
|  | (Date first transacted business in Florida, if prior t   | to registration.)  |  | <del></del>  |
|  | (See sections 605.0904 & 605.0905, F.S. to deten   | mine penalty liability)  |  | <b>an</b> n n  |
| 12802 BONNINGTON (Street Address of Pro  |  | 6. <u>12802 BONNIN</u>   | (Mailing Address   | <del></del>  |
| BOYNTON BEACH, FI  |  | BOYNTON BE.  | ٠ - ١  |  |
|  |  | <del> </del>   |  | 2  |
|  |  |  |  | <u></u>  |
| Name and street address  | of Florida registered agent: (P.O. Bo  | ox <u>NOT</u> acceptable)  |  | PH 12: 28  |
| Name:  | STAN LIEBOWITZ   |  | 35   | 2: 2   |
|  | 12802 BONNINGTON RANGE DR  |  | RIDA   | 128  |
|  | BOYNTON BEACH  | , Florida  | 33473  |  |
|  | DO III CI DEI IOII   | Florida  |  |  |
| gistered agent's accepta<br>ving been named as reg<br>signated in this applicati<br>comply with the provisio   | (City)   | f process for the above sta<br>as registered agent and a<br>er and complete performa   | (Zip code)<br>ited limited lie<br>gree to act in                       | this capacity. I furthe  |
| gistered agent's acceptation been named as registed in this application comply with the provision discrept the obligations of the control of the obligations of the o | (City)  ance: istered agent and to accept service of on, I hereby accept the appointment as of all statutes relative to the prope of my position as registered agent.  (Registered agent)  | f process for the above sta<br>as registered agent and a<br>er and complete performa<br>(-<br>)-signature)   | (Zip code)  Ited limited liu  gree to act in  nce of my du             | this capacity. I furthe  |
| gistered agent's acceptation been named as registered in this application with the provision accept the obligations  | (City)  Ance:  istered agent and to accept service of on, I hereby accept the appointment as of all statutes relative to the prope of my position as registered agent.   | f process for the above sta<br>as registered agent and a<br>er and complete performa<br>(-<br>)-signature)   | (Zip code)  sted limited lia gree to act in nce of my dua  sge is/are: | this capacity. I furthe  |
| gistered agent's accepta<br>ving been named as reg<br>signated in this application<br>comply with the provision<br>d accept the obligations  | (City) ance: istered agent and to accept service of on, I hereby accept the appointment ns of all statutes relative to the prope of my position as registered agent. (Registered agent ity and address of the person(s) who  | f process for the above sta<br>as registered agent and a<br>er and complete performa<br>(2) (3) (3) (4) (5) (5) (6) (6) (7) (7) (7) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8 | (Zip code)  sted limited lia gree to act in nce of my dua  sge is/are: | this capacity. I furthe<br>ties, and I am familiar<br>   |
| gistered agent's acceptation been named as regignated in this application by with the provision accept the obligations.  The name, title or capacity:  | istered agent and to accept service of on, I hereby accept the appointment as of all statutes relative to the proper of my position as registered agent.  (Registered agent into and address of the person(s) who have and Address:  | f process for the above sta<br>as registered agent and a<br>er and complete performa<br>(***Signature)<br>has/have authority to mana<br>Title or Capacity:                 | (Zip code)  sted limited lia gree to act in nce of my dua  sge is/are: | this capacity. I furthe ties, and I am familiar  Name and Address:                                 |
| gistered agent's acceptation been named as registrated in this application of accept the obligations.  The name, title or capacity:  | istered agent and to accept service of on, I hereby accept the appointment as of all statutes relative to the proper of my position as registered agent.  (Registered agent inty and address of the person(s) who have and Address:  STAN LIEBOWITZ 12802 BONNINGTO                                | f process for the above sta<br>as registered agent and a<br>er and complete performa<br>(***Signature)<br>has/have authority to mana<br>Title or Capacity:                 | (Zip code)  sted limited lia gree to act in nce of my dua  sge is/are: | this capacity. I furtheties, and I am familiar  Name and Address:  SUSAN LIEBOWITZ  12802 BONNINGT |
| gistered agent's acceptation been named as registrated in this application by with the provision accept the obligations.  The name, title or capacity:   | istered agent and to accept service of on, I hereby accept the appointment as of all statutes relative to the proper of my position as registered agent.  (Registered agent (Registered agent)  Ity and address of the person(s) who have and Address:  STAN LIEBOWITZ  12802 BONNINGTO.  RANGE DR | f process for the above sta<br>as registered agent and a<br>er and complete performa<br>(***Signature)<br>has/have authority to mana<br>Title or Capacity:                 | (Zip code)  Ited limited liu gree to act in nce of my du               | Name and Address:  SUSAN LIEBOWITZ 12802 BONNINGT PLANGE DR  |

Typed or printed name of signee

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

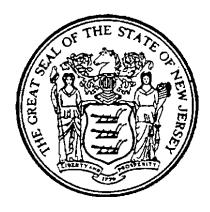
#### JILLCO ASSOCIATES LIMITED LIABILITY COMPANY 0400221850

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 March 14, 2008.

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

STANLEY LIEBOWITZ 267 SPRINGFIELD AVENUE PARAMUS, NJ 07652 -/ PMIZ: 28



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 30th day of August, 2019

Elizabeth Maher Muoio State Treasurer

Certificate Number: 6100273879

Verify this certificate online at

https://www1.state.nj.us/TYTR\_StandingCert/JSP/Verify\_Cert.jsp