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Foreign Limited Liability Company CORPORATE ESSENTIALS, LLC

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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

	TIALS, LLC	
g. (Name of Fore	eign Limited Liability Company; must include "Limited	Liability Company,""L.L.C.," or "LLC,")
f name unavailable, enter al iability Company," "L.L.C.	iternate name adopted for the purpose of transacting bu " or "LLC.")	siness in Florida. The alternate name must include "Limited
NEW JERSEY	3.	(FEI number, if applicable)
(Jurisdiction under the law company is organized)	of which foreign limited liability	(FEI number, if applicable)
N/A	(Date first transacted business in Florida, if pr	for to registration 1
	(See sections 605.0904 & 605.0905, F.S. to dete	rmine penalty liability)
2 CRANBERRY ROA	AD, SUITE A2, PARSIPPANY, NJ 07054	2: 0
		for to registration.) rmine penalty liability) Fig. 27 School 27
	(Street Address of Principal Office)	Six P Mil
1 CD ANDEDDV DOA	D, SUITE A2, PARSIPPANY, NJ 07054	語もの
·	D, JOH D AL, I AROH LATEL, 13 0702	
	(Mailing Address)	P
Name and street addre	ss of Florida registered agent: (P.O. Box NOT ac	cceptable)
	HUBCO REGISTERED AGENT SERVICES.	
Name:		·
Office Address:	155 OFFICE PLAZA DRIVE, 1ST FLOOR	
	TALLAHASEE	. Florida 32301
traduction beam managed as a	arrictored agant and to accept service of atocess f	(Zip code) for the above stated limited liability company at the pla
designated in this applicate complywith the provisuaccept the obligations of 8. The name, title or cap	otance: egistered agent and to accept service of process f	for the above stated limited liability company at the placed agent and agree to act in this capacity. I further a uplete performance of my duties, and I am familiar with an action of the place of the performance of the place of the performance of the place of the p
Having been named as redesignated in this applicate complywith the provise accept the obligations of the name, title or cap	ptance: egistered agent and to accept service of process fation, I hereby accept the appointment as registe ions of all statutes relative to the proper and confiny position as registered agent. (Register a ligent's signal BRUCE B HUBBARD-PRESIDENT, HUBCO REGIStacity and address of the person(s) who has/have a	for the above stated limited liability company at the placed agent and agree to act in this capacity. I further a uplete performance of my duties, and I am familiar with an experience of the place of
Having been named as re- designated in this applica- to complywith the provis- accept the obligations of 8. The name, title or cap JUDSON KLEINMAN-	potance: egistered agent and to accept service of process fation, I hereby accept the appointment as registe ations of all statutes relative to the proper and con- iny position as registered agent. (Register Figure 8 signs BRUCE B HUBBARD-PRESIDENT, HUBCO REGIS pacity and address of the person(s) who has/have a 2 CRANBERRY ROAD, SUITE A2, PARSIPPA e of existence, no more than 90 days old, duly aut to of which it is organized. (If the certificate is in a submitted)	for the above stated limited liability company at the placed agent and agree to act in this capacity. I further applete performance of my duties, and I am familiar without the place of the performance of my duties, and I am familiar without the performance of the certificate under the certificate of the certificate
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STATE OF NEW JERSEY DEPARTMENT OF THE TREASURY **DIVISION OF REVENUE AND ENTERPRISE SERVICES** SHORT FORM STANDING

CORPORATE ESSENTIALS, LLC

0600081235

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 January 05, 2000.

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:

JUDSON B KLEINMAN 2 CRANBERRY ROAD PARSIPPANY, NJ 07054



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 26th day of November, 2019

Elizabeth Maher Muoio State Treasurer

der A Mun

Certificate Number: 6102751446

Verify this certificate online at

https://www.l.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp