

M19000012131

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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.

((H19000366526 3)))



H190003665263ABC5

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

FILED  
2019 DEC 20 PM 4:45  
TALLAHASSEE, FLORIDA

To: Division of Corporations  
Fax Number : (850) 617-6383

From: Account Name : LEGALZOOM.COM INC.  
Account Number : I20010000062  
Phone : (323) 962-8600  
Fax Number : (323) 962-3889

\*\*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  
ChoiceMaker LLC

|                       |          |
|-----------------------|----------|
| Certificate of Status | 0        |
| Certified Copy        | 1        |
| Page Count            | 06       |
| Estimated Charge      | \$155.00 |

FILED  
2019 DEC 20 AM 11:46



COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: CHOICEMAKER 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:

Cheyenne Moseley  
 \_\_\_\_\_  
 Name of Person

Legalzoom.com, Inc.  
 \_\_\_\_\_  
 Firm/Company

101 N Brand Blvd 11th Fl  
 \_\_\_\_\_  
 Address

Glendale, CA 91203  
 \_\_\_\_\_  
 City/State and Zip Code

kskarra@choicemaker.com  
 \_\_\_\_\_  
 E-mail address: (to be used for future annual report notification)

2019 DEC 20 PM 4:45  
 RECEIVED  
 TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Cheyenne Moseley at (800) 773-0888  
 \_\_\_\_\_  
 Name of Contact Person Area Code Daytime Telephone Number

**MAILING ADDRESS:**  
 Division of Corporations  
 Registration Section  
 P.O. Box 6527  
 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. CHOICEMAKER 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
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 465358331
(FEI number, if applicable)

4.
(Date first transacted business in Florida, if prior to registration.
(See sections 605.0901 & 605.0905, F.S. to determine penalty liability)

5.
(Street Address of Principal Office)
104 Wenlock Court, Unit #21
Princeton, New Jersey 08540

6.
(Mailing Address)
104 Wenlock Court, Unit #21
Princeton, New Jersey 08540

2019 DEC 20 PM 4:45
FILED
TALLASSEE, FLORIDA

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

Name: UNITED STATES CORPORATION AGENTS, INC.

Office Address: 5575 S. Semoran Blvd., Suite 36

Orlando, Florida 32822
(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.

CHEYENNE MOSELEY, ASSISTANT SECRETARY, UNITED STATES CORPORATION AGENTS, INC.
(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]:

Title or Capacity:                      Name and Address:

Manager      Name: Rick Hall \_\_\_\_\_

Member      Address: 104 Wenlock Court, Unit #21 \_\_\_\_\_

Authorized      Princeton, New Jersey 08540 \_\_\_\_\_

Person \_\_\_\_\_

Other \_\_\_\_\_                       Other \_\_\_\_\_

Title or Capacity:                      Name and Address:

Manager      Name: \_\_\_\_\_

Member      Address: \_\_\_\_\_

Authorized      \_\_\_\_\_

Person \_\_\_\_\_

Other \_\_\_\_\_                       Other \_\_\_\_\_

Manager      Name: \_\_\_\_\_

Member      Address: \_\_\_\_\_

Authorized      \_\_\_\_\_

Person \_\_\_\_\_

Other \_\_\_\_\_                       Other \_\_\_\_\_

Manager      Name: \_\_\_\_\_

Member      Address: \_\_\_\_\_

Authorized      \_\_\_\_\_

Person \_\_\_\_\_

Other \_\_\_\_\_                       Other \_\_\_\_\_

FILED  
 2019 DEC 20 PM 4:45  
 TALLAHASSEE, FLORIDA  
 CLERK OF CIRCUIT COURT

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.

Rick Hall  
 \_\_\_\_\_  
 Signature of an authorized person

Rick Hall, President  
 \_\_\_\_\_  
 Typed or printed name of signer

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

CHOICEMAKER LLC  
0400650526

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 April 10, 2014.

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.

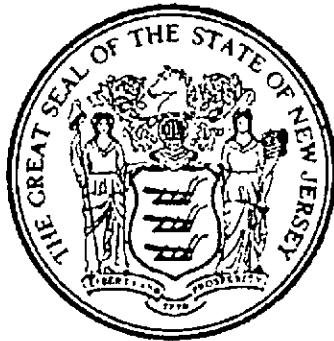
I further certify that the registered agent and office are:

RICK HALL  
104 WENLOCK COURT  
APT. 21  
PRINCETON, NJ 08540

DEPARTMENT OF STATE  
TALLMANSSEE, FLD

2019 DEC 20 PM 4:45

FILED



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 20th day of December, 2019

Elizabeth Maher Muoio  
State Treasurer

Certificate Number: 6103447651

Verify this certificate online at

[https://www1.state.nj.us/TYTR\\_StandingCert:ISP/Verify\\_Cert.jsp](https://www1.state.nj.us/TYTR_StandingCert:ISP/Verify_Cert.jsp)