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## FLORIDA DEPARTMENT OF STATE Division of Corporations

January 8, 2020

CHRISTOPHER GAROFALO 51 BERNARD TER LITTLE SILVER, NJ 07739

SUBJECT: RIGHT TIME MANAGEMENT LLC Ref. Number: W20000001636

We have received your document for RIGHT TIME MANAGEMENT LLC and your check(s) totaling \$130.00. 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) 245-6050.

Tracy L Lemieux Regulatory Specialist II

Letter Number: 520A00000515

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#### 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:

(Name of Foreign	nt LLC Limited Liability Company; must include "Li	nited Liability Company," "L L (	C.," or "LEC.")		
(If name unavailable, enter alternate r	name adopted for the purpose of transacting business in	Florida The alternate name must incl	lude "Limited Liability Company,	" "L.L C," or "LLC "	
New Jersey	1	46-5402521			
2(Jurisdiction under the law of which foreign limited liability company is organized		3(FEI number, if applicable)			
4	(Date first transacted business in Florida, if pric (See sections 605.0904 & 605.0905, F.S. to det	n to registration ) emine penalty liability)			
540 Little Silver Point Rd 5		540 Little Silver Point Rd 6.			
		0.	(Mailing Address)	<u> </u>	
Little Silver, NJ 07739		Little Silver, N	Little Silver, NJ 07739		
7. Name and street addre:	ss of Florida registered agent: (P.O. I	lox <u>NOT</u> acceptable)	2128 JAN -		
Name:	Christopher Garofalo		A A A		
Office Address:	1505 Dolphin Ln				
	Naples , Florida		-34102		
	(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.

(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:	Title or Capacity:	Name and Address:
Manager	Name: Giuseppe Garofalo	🔲 Manager	Name:
Member	Address:	Member	Address:
Authorized	Naples, FL 34102	Authorized	Naples, FL 34102
Person		Person	
Other	①Other	Other	Other
	Name:		Marrie
Manager		🗌 Manager	Name:
Member	Address:	Member	Address:
Authorized	Little Silver, NJ 07739	Authorized	
Person		Person	
Other	Other	Other	Other
Manager	Name:	🔲 Manager	Name:
Member	Address:	Member	Address:
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, 1 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.

Chris Douff Signature of an authorized person

Christopher Garofalo

Typed or printed name of signee

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From: Jordan Duval

801 Adlai Stevenson Drive Springfield, IL 62703-4261 Ph: (800) 858-5294 Fx: (800) 345-6059

# **Search Results**

Date: 4/26/19

To: First Tennessee Bank (Capital Attn: Division) Danielle Ecklund 3451 Prescott Rd Memphis, TN 38118-3609 Ph: 919-645-6376 Fx:

Account: 405830 Clients Ref: 6073

Search Type:	Good Standing Certificate
Office Searched:	Corporations Division
Jurisdiction:	(S.O.S.)
State:	New Jersey
Thru Date:	
Notes:	Total cost of search: \$101.65

Order Number: 163127834 Subject: Right Time Management LLC

# Please see Attached Good Standing Certificate

UCC	>Uniform Commercial Code	AMD	→Amendment	PRE	⇒Partial Release
DOT	≠Deed of Trust	ASN	≈Assignment	PASN	=Partial Assignment
FIN	=Financing Statement	CON	<ul> <li>Continuation</li> </ul>	FIL	Federal Tax Lien
FIN	=Frytures	REL	=Release	STL	=State Tax Lien
ΤU	=Transmitting Utility	TRM	=Termination	JGL	=Judgment Lien
CSN	=Consignment	SUB	∗Subordination	CTL	County Tax Lien
MTG	<ul> <li>Mortgage</li> </ul>	BNK	=Bankruptcy	PPTL	Personal Property Tax Lien

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

### RIGHT TIME MANAGEMENT LLC 0400650414

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:

UNITED STATES CORPORATION AGENTS, INC. 330 CHANGEBRIDGE RD STE 101 PINE BROOK, NJ 07058



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

Sher A Mun

Elizabeth Maher Muoio State Treasurer

Certificate Number : 6096947904 Verify this certificate online at

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