

COVER LETTER

TO: Registration Section
Division of Corporations
F A Dogwood Associates LLC

SUBJECT: _____
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:

Karen Detmering

Name of Person

FA Dogwood Associates LLC

Firm/Company

1420 Ocean Way, Unit 510

Address

Jupiter, FL 33477

City/State and Zip Code

lwdog@comcast.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Karen Detmering

973

2228659

at (_____) _____

Name of Contact Person

Area Code

Daytime Telephone Number

MAILING ADDRESS:

Division of Corporations
Registration Section
P.O. Box 6327
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:

FA Dogwood Associates LLC

1. _____
(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.")
New Jersey 84-3902839

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 prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

1420 Ocean Way, Unit 5D

Karen Detmering

5. _____
(Street Address of Principal Office)

Jupiter, FL 33477

6. _____
(Mailing Address)

1420 Ocean Way, Unit 5D

Jupiter, FL 33477

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

Karen Detmering

Name: _____

1420 Ocean Way, Unit 5D

Office Address: _____

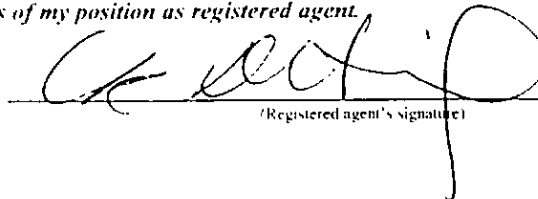
Jupiter

33477

_____, Florida _____
(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)

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

☐ 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.



Signature of an authorized person

Karen Detmering

Typed or printed name of signer

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

SHORT FORM STANDING

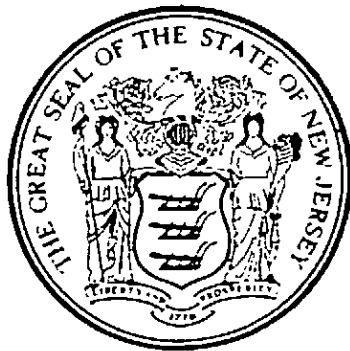
FA DOGWOOD ASSOCIATES LLC
0450443089

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named NJ Domestic Limited Liability Company (LLC) was registered by this office on Monday, December 09, 2019.

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 registered office are:

MARY BRENNAN
206 WELL SWEEP RD
WHITEHOUSE STATION, NEW JERSEY 08889-3247



IN TESTIMONY WHEREOF, I have
hereunto set my hand and
affixed my Official Seal
9th day of December, 2019

A handwritten signature in cursive script, appearing to read "Elizabeth Maher Muoio".

Elizabeth Maher Muoio
State Treasurer

Certificate Number : 4092164156
Verify this certificate online at
https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp

2019-12-20 PM 3:30
TALLER, JESSICA CRIDA

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

FILING CERTIFICATION (CERTIFIED COPY)

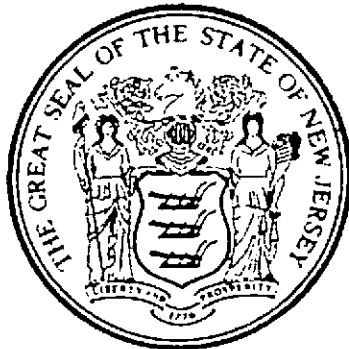
FA DOGWOOD ASSOCIATES LLC
0450443089

I, the Treasurer of the State of New Jersey,
do hereby certify, that the above-named did
file and record in this department the below
listed document(s) and that the foregoing is a
true copy of the formation certificate as the
same is taken from and compared with the
original(s) filed in this office on the date set
forth on each instrument and now remaining
on file and of record in my office.

FILED IN DEPT. OF TREASURY
DIVISION OF REVENUE AND ENTERPRISE SERVICES
STATE OF NEW JERSEY
FLORENCE, FLORIDA

2019 DEC 20 PM 3:30

IN TESTIMONY WHEREOF, I have
hereunto set my hand and
affixed my Official Seal
9th day of December, 2019



A handwritten signature in cursive script, reading "Elizabeth Maher Muoio".

Elizabeth Maher Muoio
State Treasurer

Certificate Number : 4092164156
Verify this certificate online at
https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp

NEW JERSEY DEPARTMENT OF THE TREASURY
DIVISION OF REVENUE AND ENTERPRISE SERVICES

CERTIFICATE OF FORMATION

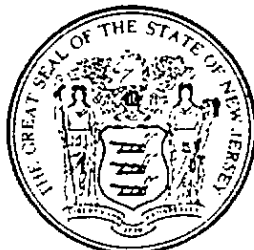
FA DOGWOOD ASSOCIATES LLC
0450443089

The above-named DOMESTIC LIMITED LIABILITY COMPANY was duly filed in accordance with New Jersey State Law on 12/09/2019 and was assigned identification number 0450443089. Following are the articles that constitute its original certificate.

1. **Name:**
FA DOGWOOD ASSOCIATES LLC
2. **Registered Agent:**
MARY BRENNAN
3. **Registered Office:**
206 WELL SWEEP RD
WHITEHOUSE STATION, NEW JERSEY 08889-3247
4. **Business Purpose:**
OWNERSHIP OF REAL PROPERTY FOR RESIDENTIAL RENTAL. +
5. **Effective Date of this Filing is:**
12/09/2019
6. **Members/Managers:**
KAREN DETMERING
44 WATER ST
LEBANON, NEW JERSEY 08833-4527
7. **Main Business Address:**
44 WATER ST
LEBANON, NEW JERSEY 08833-4527

Signatures:

MARY BRENNAN
AUTHORIZED REPRESENTATIVE
KAREN DETMERING
AUTHORIZED REPRESENTATIVE



Certificate Number 4092164276

Verify this certificate online at

http://www.state.nj.us/TRE/standingCertJSP/Verify_Cert.jsp

IN TESTIMONY WHEREOF, I have
hereunto set my hand and
affixed my Official Seal
9th day of December, 2019

A handwritten signature in cursive script, likely belonging to Elizabeth Maher Muoio.

Elizabeth Maher Muoio
State Treasurer

TALLAHASSEE, FLORIDA

2019 DEC 20 PM 3:30