

M20000001950

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

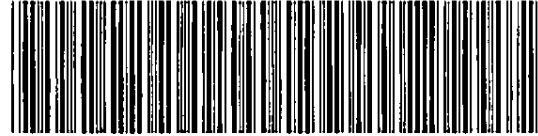
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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W20000014112
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Office Use Only



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53F
2/24/20

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. Twelfth West Cortez LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

Twelfth West Cortez L.L.C.

(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. 84-3862652
(FEI number, if applicable)

4. January 21, 2020
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 105 Kitchell Road
(Street Address of Principal Office)

6. P.O. Box 296
(Mailing Address)

Morristown, New Jersey 07960

Convent Station, New Jersey 07961-0296

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

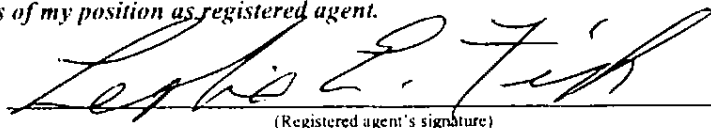
Name: Leslie Fish

Office Address: 5501 Lake Lizzie Drive

St. Cloud, Florida 34771
(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)

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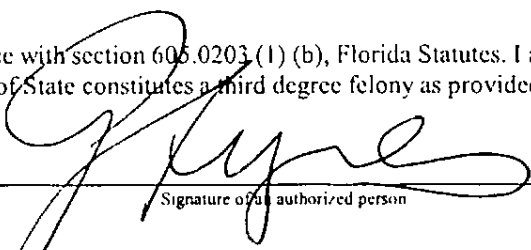
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: <u>Anthony Haynes</u>	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: <u>105 Kitchell Road</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	<u>Morristown, NJ 07960</u>	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> 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 authorized person
Anthony J Haynes

Typed or printed name of signer

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

CERTIFICATE OF FORMATION

TWELFTH WEST CORTEZ LLC
0450441857

The above-named DOMESTIC LIMITED LIABILITY COMPANY was duly filed in accordance with New Jersey State Law on 12/04/2019 and was assigned identification number 0450441857. Following are the articles that constitute its original certificate.

1. **Name:**
TWELFTH WEST CORTEZ LLC
2. **Registered Agent:**
ANTHONY J HAYNES
3. **Registered Office:**
105 KITCHELL ROAD
MORRISTOWN, NEW JERSEY 07960
4. **Business Purpose:**
RENT COMMERCIAL REAL ESTATE +
5. **Effective Date of this Filing is:**
12/31/2019
6. **Members/Managers:**
TAMPA FAMILY MART HOLDING CO #3
105 KITCHELL ROAD
MORRISTOWN, NEW JERSEY 07960
7. **Main Business Address:**
105 KITCHELL ROAD
MORRISTOWN, NEW JERSEY 07960

Signatures:

ANTHONY J HAYNES
AUTHORIZED REPRESENTATIVE



Certificate Number : 4091887152

Verify this certificate online at

https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp

IN TESTIMONY WHEREOF, I have
hereunto set my hand and
affixed my Official Seal
4th day of December, 2019

A handwritten signature in black ink, appearing to read "Elizabeth Maher Muoio".

Elizabeth Maher Muoio
State Treasurer

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FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TWELFTH WEST CAFE 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 Articles 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:

Anthony Haynes
Name of Person
TWELFTH WEST CAFE LLC
Firm Company
105 Kitchell Road
Address
Morristown, New Jersey 07960
City, State and Zip Code
ATHaynes@OPTONLINE.NET
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call

Anthony Haynes at 973 734 0300
Name of Contact Person Area Code Daytime Telephone Number

MAILING ADDRESS:

Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32304

STREET ADDRESS:

Division of Corporations
Registration Section
C/F Building
2901 Executive Centerway
Tallahassee, FL 32304

Enclosed is a copy of the above information.

Please make check payable to: FLORIDA DEPARTMENT OF STATE

☐ \$125.00 Filing Fee ☐ \$150.00 Filing Fee & Certificate of Status ☐ \$125.00 Filing Fee & Certified Copy ☐ \$150.00 Filing Fee, Certificate of Status & Certified Copy

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FEB 19 2020

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

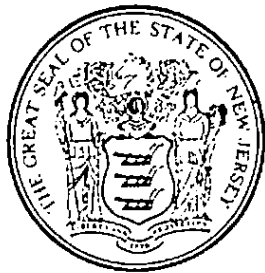
TWELFTH WEST CORTEZ LLC
0450441857

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 December 04, 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 office are:

ANTHONY J HAYNES
105 KITCHELL ROAD
MORRISTOWN, NJ 07960



IN TESTIMONY WHEREOF, I have
hereunto set my hand and affixed
my Official Seal at Trenton, this
19th day of February, 2020

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

Elizabeth Maher Munro
State Treasurer

Certificate Number: 6105126557

Verify this certificate online at:

http://www.state.nj.us/TRE/standing/Cert/SP/Verify_Cert.jsp

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