

5/20/2020

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SUBMIT

PLEASE GIVE ORIGINAL
SUBMISSION DATE PER MEL
THIS NEEDED A NEW FAX
AUDIT SHEET. 5-13-20

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.

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To:

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

From:

Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850)521-0821
Fax Number : (850)558-1515

****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
SAMUEL DAVID, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

MAY 21 2020

**M. SOLOMON
Help**

Electronic Filing Menu Corporate Filing Menu

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SAMUEL DAVID, 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.

Tiffany Donio

Name of Person

Archer & Greiner, PC

Firm/Company

One Centennial Square

Address

Haddonfield, NJ 08033

City/State and Zip Code

tdonio@archerlaw.com

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

For further information concerning this matter, please call.

Tiffany Donio

856

616-6147

at (_____) _____

Name of Contact Person

Area Code

Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

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

IN COMPLIANCE WITH SECTION 605.002, FLORIDA STATUTES THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. SAMUEL DAVID, LLC
(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "LLC," or "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," "LLC," or "L.L.C.")

2. New Jersey 3. _____
(Jurisdiction under the law of which foreign limited liability company is organized) (FBI number, if applicable)

4. _____
(Date first transacted business in Florida, if prior to registration;
See sections 605.004 & 605.005, F.S. to determine penalty liability)

5. 529 Cedar Lane 6. 529 Cedar Lane
(Street Address of Principal Office) (Mailing Address)
Florence, NJ 08518 Florence, NJ 08518

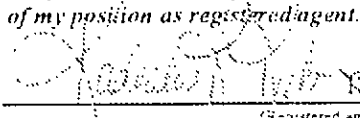
7. Name and street address of Florida registered agent. (P.O. Box NOT acceptable)

Name. Corporation Service Company
Office Address. 1201 Hays Street
Tallahassee 32301
(City) Florida (Zip code)

FILED
2020 MAY 13 AM 9:13
TALLAHASSEE, FL
CLERK OF CIRCUIT COURT

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.


KADESHA ROBERSON, ASST. VICE PRESIDENT
(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>Jay Schneier</u>	<input type="checkbox"/> Manager	Name, _____
<input checked="" type="checkbox"/> Member	Address, <u>529 Cedar Lane</u>	<input type="checkbox"/> Member	Address, _____
<input type="checkbox"/> Authorized	<u>Florence, NJ 08518</u>	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input checked="" type="checkbox"/> Manager	Name, <u>Robert Schneier</u>	<input type="checkbox"/> Manager	Name, _____
<input checked="" type="checkbox"/> Member	Address, <u>529 Cedar Lane</u>	<input type="checkbox"/> Member	Address, _____
<input type="checkbox"/> Authorized	<u>Florence, NJ 08518</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 _____

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.

/s/ Robert Schneier

Signature of an authorized person.

Robert Schneier, Manager

Typed or printed name of signer

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

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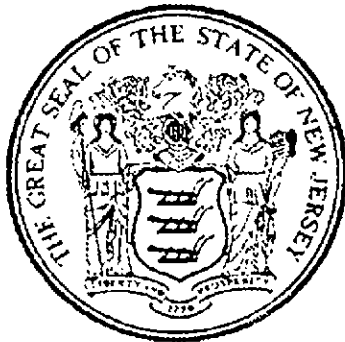
SAMUEL DAVID, LLC
0600059340

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 01, 1998.

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:

MICHAEL DENMAN
529 CEDAR LANE
FLORENCE, NJ 08518



IN TESTIMONY WHEREOF, I have
hereunto set my hand and affixed
my Official Seal at Trenton, this
11th day of May, 2020

Elizabeth Maher Muoio
State Treasurer

Certificate Number: 6107475083

Verify this certificate online at:

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

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