

M20000006284

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

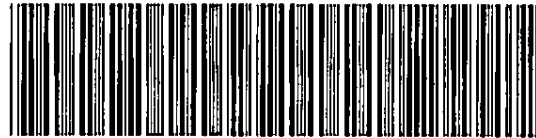
Special Instructions to Filing Officer:

7/22 Received Cert + Corrected
paperwork WDC

7/22
WDC

Wa-67975

Office Use Only



600346776606

06/30/20 01:00--004 **130.00

RECEIVED

JUN 29 2020

FILED
20 JUL 22 PM 12:00
U.S. DISTRICT COURT
DISTRICT OF COLUMBIA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 70 James street 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:

Alex Wang
Name of Person

70 James street LLC
Firm/Company

403 Ocean Breeze
Address

Lake worth FL 33460
City/State and Zip Code

Alexwang.tke@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Alex Wang at (908) 581 4753
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

FILED
20 JUL 22 PM 12:00

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:

70 James Street 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."

New Jersey
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 46-1796144
(FE) number, if applicable

NA

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

403 Ocean Breeze
(Street Address of Principal Office)

6. 403 Ocean Breeze
(Mailing Address)

Lake Worth FL 33460

Lake Worth FL 33460

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

Name: Alex Wang

Office Address: 403 Ocean Breeze

Lake Worth, Florida 33460
(City) (Zip code)

FILED
20 JUL 22 PM 12:00

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.

[Signature]
(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]:

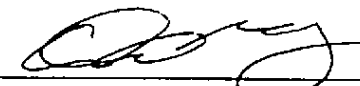
<u>Title or Capacity:</u>		<u>Name and Address:</u>		<u>Title or Capacity:</u>		<u>Name and Address:</u>	
<input checked="" type="checkbox"/> Manager	Name:	Alex Wang		<input type="checkbox"/> Manager	Name:		
<input type="checkbox"/> Member	Address:	403 Ocean Breeze		<input type="checkbox"/> Member	Address:		
<input type="checkbox"/> Authorized		Lake Worth FL 33460		<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	

FILED
JUL 22 PM 12:00
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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

**STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
DIVISION OF REVENUE AND ENTERPRISE SERVICES
LONG FORM STANDING WITH OFFICERS AND DIRECTORS**

70 JAMES STREET LLC

0400542963

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 January 16, 2013.

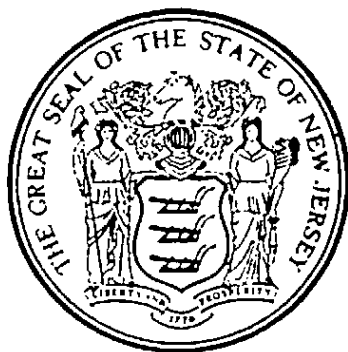
As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey. Annual Reports are outstanding for the following year(s): 2020

I further certify that the registered agent and office are:

ALEX WANG
70 JAMES STREET
NEWARK, 07102

I further certify that as of the date of this certificate, the following were listed as officers/directors of this business on the last Annual Report filed in this office on May 02, 2019.

CHIEF EXEC. OFFICER (CEO) ALEX H WANG
70 JAMEST ST
NEWARK, NJ 07102



*IN TESTIMONY WHEREOF, I have
hereunto set my hand and affixed
my Official Seal at Trenton, this
22nd day of July, 2020*

Elizabeth Maher Muoio
State Treasurer

Certificate Number : 6109444762

Verify this certificate online at

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 1, 2020

ALEX WANG
70 JAMES STREET LLC
403 OCEAN BREEZE
LAKEWORTH, FL 33460 US

SUBJECT: 70 JAMES STREET LLC
Ref. Number: W20000067975

We have received your document for 70 JAMES STREET LLC and check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Please list the complete principal office address.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Laura D Chang
Regulatory Specialist II

Letter Number: 420A00012953

7/22/20 Received cert + corrected paperwork WDC