

N 20000006293

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

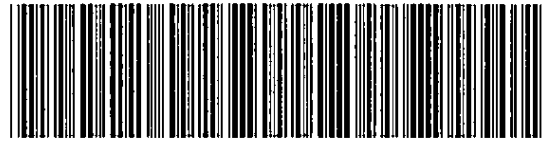
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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CLERK OF COURT  
TALLAHASSEE, FLORIDA

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45  
7/22/20

**LAW OFFICES OF WILLIAM ZEV ROTHSCHILD**  
ATTORNEY AT LAW

4201 ROUTE 9, HOWELL, NEW JERSEY 07731  
(732) 867-7888

ZEV ROTHSCHILD, ESQ.  
ZEV@WZRLAW.COM

July 8, 2020

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

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2020 JUL -9 PM 2:29  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Re: 7622 COURTYARD RUN W LLC

To whom it may concern:

Please see attached Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida for the entity 7622 COURTYARD RUN W LLC.

Enclosed is a copy of the application, Check in the amount of \$125 and a copy of a good standing certificate.

If you have any questions please reach out to me.

Thanks,

  
Zev Rothschild, Esq.

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** 7622 COURTYARD RUN W 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:

Zev Rothschild, Esq.

\_\_\_\_\_  
Name of Person

Zev Rothschild, Esq.

\_\_\_\_\_  
Firm/Company

4201 Route 9

\_\_\_\_\_  
Address

Howell, NJ 07731

\_\_\_\_\_  
City/State and Zip Code

zrothschild@autumnhc.net

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

For further information concerning this matter, please call:

Zev Rothschild, Esq.

732

358-6883

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

**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. 7622 COURTYARD RUN W 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.")

2. New Jersey  
(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)

5. 4201 Route 9  
(Street Address of Principal Office)

6. 4201 Route 9  
(Mailing Address)

Howell, NJ 07731 Howell, NJ 07731

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

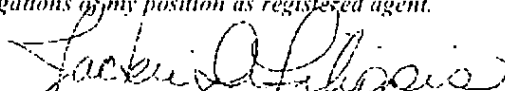
Name: InCorp Services, Inc.

Office Address: 17888 67th Court North

Loxahatchee, Florida 33470  
(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.*



Jackie DeFilippis on behalf of InCorp Services, Inc.

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TALLAHASSEE, FLORIDA

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:**

☒ Manager Name: Aryeh Stern  
☐ Member Address: 4201 Route 9  
☐ Authorized Howell, NJ 07731  
 Person  
☐ Other ☐ Other

☐ Manager Name: Zev Rothschild, Esq.  
☐ Member Address: 4201 Route 9  
☒ Authorized Howell, NJ 07731  
 Person  
☐ Other ☐ Other

☐ Manager Name:  
☐ Member Address:  
☐ Authorized  
 Person  
☐ Other ☐ Other

**Title or Capacity:** **Name and Address:**

☐ Manager Name:  
☐ Member Address:  
☐ Authorized  
 Person  
☐ Other ☐ Other

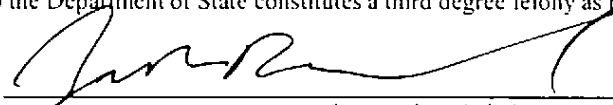
☐ Manager Name:  
☐ Member Address:  
☐ Authorized  
 Person  
☐ Other

☐ 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

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 CLERK OF THE COURT  
 JUDICIAL CIRCUIT IN AND FOR  
 PALM BEACH COUNTY, FLORIDA

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

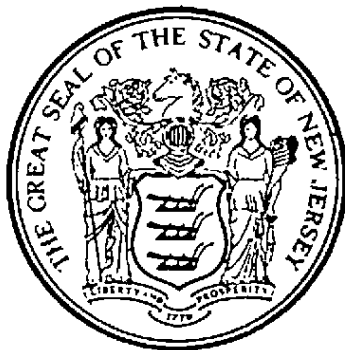
7622 COURTYARD RUN W LLC  
0450501890

*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 June 17, 2020.*

*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:*

ARYEH STERN  
4201 ROUTE 9  
HOWELL, NJ 07731



IN TESTIMONY WHEREOF, I have  
hereunto set my hand and affixed  
my Official Seal at Trenton, this  
8th day of July, 2020

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

Elizabeth Maher Muoio  
State Treasurer

Certificate Number : 6109006061

Verify this certificate online at

[https://www1.state.nj.us/TYTR\\_StandingCert/JSP/Verify\\_Cert.jsp](https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp)

DEPARTMENT OF STATE  
PAUL HANSEN, CLERK

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

CERTIFICATE OF FORMATION

7622 COURTYARD RUN W LLC  
0450501890

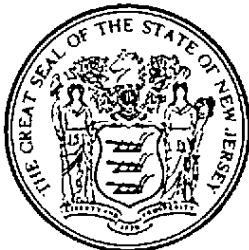
The above-named DOMESTIC LIMITED LIABILITY COMPANY was duly filed in accordance with New Jersey State Law on 06/17/2020 and was assigned identification number 0450501890. Following are the articles that constitute its original certificate.

1. **Name:**  
7622 COURTYARD RUN W LLC
2. **Registered Agent:**  
ARYEH STERN
3. **Registered Office:**  
4201 ROUTE 9  
HOWELL, NEW JERSEY 07731
4. **Business Purpose:**  
ANY LEGAL PURPOSE
5. **Duration:**  
INFINITE
6. **Effective Date of this Filing is:**  
06/17/2020
7. **Main Business Address:**  
4201 ROUTE 9  
HOWELL, NEW JERSEY 07731

**Signatures:**

ARYEH STERN  
AUTHORIZED REPRESENTATIVE

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OFFICE OF THE CLERK  
TREASURY DEPARTMENT  
HARRISON, NEW JERSEY



Certificate Number : 4104933810

Verify this certificate online at

[https://www1.state.nj.us/TYTR\\_StandingCertJSP/Verify\\_Cert.jsp](https://www1.state.nj.us/TYTR_StandingCertJSP/Verify_Cert.jsp)

IN TESTIMONY WHEREOF, I have  
hereunto set my hand and  
affixed my Official Seal  
17th day of June, 2020

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

Elizabeth Maher Muoio  
State Treasurer