# M3000006467

(Re	questor's Name)						
(Ad	ldress)						
(Ad	ldress)						
(City/State/Zip/Phone #)							
PICK-UP	☐ WAIT	MAIL					
(Bı	isiness Entity Nar	ne)					
(Document Number)							
Certified Copies	opies Certificates of Status						
Special Instructions to Filing Officer:							

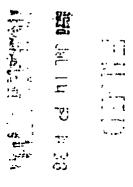
Office Use Only





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**JUL 2** 2 2223



June 29, 2020

JULIO JOSE ALVAREZ 201 FOUNTAYNE LN LAWRENCEVILLE, NJ 08648

SUBJECT: ALVAREZ BOOKKEEPING, LLC

Ref. Number: W20000066624

We have received your document for ALVAREZ BOOKKEEPING, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Tracy L Lemieux Regulatory Specialist II

Letter Number: 920A00012774

RECEIVED
JUL 1 4 2020

#### **COVER LETTER**

TO:

Registration Section Division of Corporations

Α	lvarez Bookkeepi	ng, LLC				
SUBJECT:			Limited Liability	Company		
					ansact Business in Florida," ( y company to transact busine	
Please return all	correspondence c	oncerning this matter to the	following:			
	Julio Jose Alva	rez.				
	-	N	ame of Person			
	Alvarez Bookk	ceeping LLC				
			irm/Company			
	201 Fountayne		1 "			
			Address			
	Lawrenceville.	NJ 08648				
	juliojalvarez1@		tate and Zip Cod	le		
		E-mail address: (to be used	d for future annu	al report not	tification)	
For further infor	mation concerning	g this matter, please call:				
	Alvarez	g this matter, piease can.	609	575-5	155	
Juno 3	Avaicz			37.771	1.7.5	
	Name o	f Contact Person	at ( Area Cod	e Day	time Telephone Number	
Division	NG ADDRESS: n of Corporations ation Section			Division	CADDRESS: of Corporations ion Section	
P.O. Bo				Clifton B	uilding	
Tallaha	ssee, FL 32314				ecutive Center Circle see, FL 32301	
	eck for the follow .00 Filing Fee	ing amount:  \$\Bigsim \text{\$\text{\$130.00 Filing Fee & Certificate of Status}}\$	☐ \$155.00 Fill Certified Cop	-	■ \$160.00 Filing Fee, Cer of Status & Certified Copy	

### APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINES! IN FLORIDA

IN COMPLIANCE WITH SECTION 6050902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILICOMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

Alvarez Bookkeeping						
(Name of Fore	ign Limited Liability Company; must i	nclude "Limited Liab	ility Company," "L.L	.C" or "	LLC.")	
Liability Company," "L.L.C." New Jersey, USA		45-4704121 3.				clude "Limited
(Jurisdiction under the law company is organized)	of which foreign limited liability	J	(FEI number, if app	licable)		
4	(Date first transacted business (See sections 605,0904 & 605,09	in Florida, if prior to 05, P.S. to determine	registration.) penalty liability)			
5						
Lawrenceville, NJ 086	48					
201 Fountayne Lane 6.	(Street Address of Pri					
Lawrenceville, NJ 086	48					
· · · · · · · · · · · · · · · · · · ·	(Mailing Ad	dress)				
<ol> <li>Name and <u>street addres</u></li> <li>Name:</li> </ol>	s of Florida registered agent: (P.O. Julio Jose Alvarez	. Box <u>NOT</u> accepta	ible)			
Office Address:	480 Pheasant Drive					
Office Futuress.	Haines City		33844 Clarida			
	(City) tance: gistered agent and to accept servic		(Zip co	ode) E e <b>d liabili</b>		
to complywith the provision	tion, I hereby accept the appointments of all statutes relative to the property position as registered agent	oper and complete				
		ed agent's signature)		44.	77.77 19.84	422
•	city and address of the person(s) wheasant Drive, Haines City, Florid		ty to manage is/are:		<u>Qr.</u>	-
					<u></u>	-
<ol> <li>Attached is a certificate jurisdiction under the law of of the translator must be su</li> </ol>	of existence, no more than 90 days of which it is organized. (If the cert bmitted)	old, duly authentica ificale is in a foreig	ated by the official l n language, a transk	naving coation of	ustody o the certi	f records in the ficate under oath
	inghabure of	an authorized person				
	in accordance with section 605.020 the Department of State constitutes Julio Jose Alvarez					

Typed or printed name of signee

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

### ALVAREZ BOOKKEEPING LIMITED LIABILITY COMPANY 0400476504

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 March 05, 2012.

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:

JULIO JOSE ALVAREZ 201 FOUNTAYNE LANE LAWRENCEVILLE, NJ 08648



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 6th day of July, 2020

Shep A Mun

Elizabeth Maher Muoio State Treasurer

Certificate Number: 6108958186

Verify this certificate online at

https://www1.state.nj.us/TYTR\_StandingCert/JSP/Verify\_Cert.jsp