12/9/2020

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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 ADAMAS SECURITY LLC

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

Electronic Filing Menu — Corporate Filing Menu

Help

TO: Registration Section

COVER LETTER

Division of Corporations Adamas Security LLC Name of Limited Liability Company	
The enclosed "Application by Foreign Limited Liability Company for Authorizacion to Transact Business in Florida," Existence, and check are submitted to register the above referenced foreign limited liability company to transact business.	Certificate of ness in Florida
Please return all correspondence concerning this matter to the following:	
Name of Person	
Mandelbaum Salsburg P.C.	
Firm/Company	
3 Becker Farm Road, Suite 105	
Address	~``
Roseland, New Jersey 07068	
ptanella@lawfirm.ms	;
E-mail address: (to be used for future annual report notification)	·
For further information concerning this matter, please call:	·
Peter H. Tanella, Esq. 973 736-4600	
Name of Contact Person Area Code Daytime Telephone Number	
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314 STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	
Enclosed is a check for the following amount: \$\Begin{array}{cccccccccccccccccccccccccccccccccccc	

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: Adamas Security 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** (FEI number, if applicable) (Jurisdiction under the law of which foreign limited liability company is organized) (Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

Orient Way, Suite 303, Rutherford, NJ 07070 75 Orient Way, Suite 303, Rutherford, NJ 07 (Mailing Address) 7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are Jesus Muniz, Member 75 Orient Way, Suite 303, Rutherford, NJ 070 8. Attached is an original 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. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted) Signature of an authorized person. (In accordance with section 605,0203, F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any faire information submitted in a document to the Department of State constitutes a third degree fellow as provided for in \$ \$17.155, F.S.) Jesus Muniz

Typed or printed name of signee

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name	of the Limited Liability unty LLC	Company is:	
If unavailabl	e, the alternate to be used	in the state of Florida is:	
2. The name	and the Florida street ad	dress of the registered agent and office are:	
	Jesus Muniz		
		(Name)	-
	3902 Henderson Bivd,	Suite 208 #5	
	Florida Street Address (P.O. Box NOT ACCEPTABLE)		- <u>-</u>
	Tampa	33629 F1	.:
		City/State/Zip	-
liability com registered ag statutes relat	pany at the place designat gent and agree to act in th ting to the proper and con	nt and to accept service of process for the above ted in this certificate, I herchy accept the appoint is capacity. I further agree to comply with the proplete performance of my duties, and I am familiant registeral agent as provided for in Chapter 60	tment as ravisions of ali ar with and
	By: Jesus Muniz, Sole	(Signature) Member 100.00 Filing Fee for Application	

\$ 25.00 Designation of Registered Agent \$ 30.00 Certified Copy (optional) \$ 5.00 Certificate of Status (optional)

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

ADAMAS SECURITY LLC 0450049130

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 February 03, 2016.

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:

JESUS MUNIZ 111-115 FRANK E. RODGERS BLVD SOUTH SUITE 204 HARRISON, NJ 07029

CREAT STATE OF THE STATE OF THE

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 9th day of December, 2020

Hand Allen

Elizabeth Maher Muoio State Treasurer

Certificate Number : 6113646637

Verify this certificate online at

https://www.l.state.nj us/TYTR_StandingCert/JSP/Verify_Cert.jsp