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.

(((H200004211413)))



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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 CONCIERGE LLC

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

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Help

COVER LETTER

SUBJECT: Adamas Concierge Name of Limited Liability Company		-
The enclosed "Application by Foreign Limited Liability Company for Authorizat Existence, and check are submitted to register the above referenced foreign limits	tion to Transact Business in Florida, ed liability company to transact busi	" Certificate ness in Flor
Please return all correspondence concerning this matter to the following:		
Name of Person		
Mandelbaum Salsburg P.C.		
FirmyCompany		
3 Becker Farm Road, Suite	105	
Address		
Roseland, New Jersey 0706	8	رتب
ptanella@lawfirm.m	S	<u>.</u>
E-mail address: (to be used for future annual re	port notification)	- · :
or further information concerning this matter, please call:		Le H
Peter H. Tanella, Esq. 973 Name of Contact Person Area Code	736-4600	
Name of Contact Person Area Code	Daytime Telephone Number	-
MAU ING 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 Cit	rcle	

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

IN COMPLIANCE WITH SECTION 605.6902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: Adamas Concierge LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L	EC.," or "LEC.)
If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alt	ernate name must include "Limited
industry Company," "L.L.C," or "LL.C.")	
New Jersey 3. [FEI number, the law of which foreign limited liability]	
(Jurisdiction under the law of which foreign limited liability (FEI number, company is organized)	if applicable)
	<u></u>
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)	
75 Orient Way, Suite 303, Rutherford	, NJ 07070
(Street Address of Principal Office)	
75 Orient Way, Suite 303, Rutherford	, NJ 07070
	~;
(Mailing Address)	,
7. The name, title or capacity and address of the person(s) who has/have authori-	ty to manage is/are:
Jesus Muniz, Member	
	NI 107070
75 Orient Way, Suite 303, Rutherford	, 143 07 0 <u>L</u> O
	·)
3. Attached is an original certificate of existence, no more than 90 days old, duly	authenticated by the official
naving custody of records in the jurisdiction under the law of which it is organize acceptable. If the certificate is in a foreign language, a translation of the certificate	e under oath of the translator
nust be submitted)	
Signature of an authorized person	
n accommance with section 605,0203, F.S., the execution of this document constitutes an affirmation under the penalties in aware that any false information submitted in a document to the Department of State consistures a third degree felong	s of perjury that the facts stated herein are true, y as provided for in s.817.155, 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.

If unavailable.	the alternate to be used	in the state of Florida is:	
2. The name a	nd the Florida street ad	ldress of the registered agent and office are:	
	Jesus Muniz		
		(Name)	
	3902 Henderson Blvd,	Suite 208 #5	
	Florida Str	reet Address (P.O. Box NOT ACCEPTABLE)	
			· ·
	Tampa	33629 FL	
	Tampa		

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 certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, Florida Statutes.

(Signature)
Jesus Muniz, Sole Member

\$ 100.00
 Filing Fee for Application
 \$ 25.00
 Designation of Registered Agent
 \$ 30.00
 Certified Copy (optional)
 \$ 5.00
 Certificate of Status (optional)

5/005

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

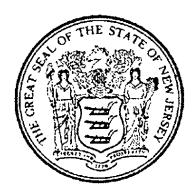
ADAMAS CONCIERGE LLC 0600379358

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 October 20, 2011.

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. 75 ORIENT WAY STE 303 RUTHERFORD, NJ 07070



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

Elizabeth Maher Muoio State Treasurer

Slup of Muse

Certificate Number : 6113646499

Verify this certificate online at

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