## M2000011437

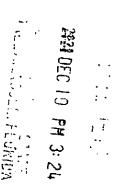
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
<u>wa0000137939</u>

Office Use Only



300355700083

12/02/20--01014--003 \*\*180.00



570/20



December 5, 2020

PAULETTE FAULKNOR 1 NORTH RIDGE RD DENVILLE, NJ 07834

SUBJECT: JLANCE APTS LLC Ref. Number: W20000137929

We have received your document for JLANCE APTS 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):

The registered agent must sign accepting the designation.

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.

Letter Number: 920A00024378

Yvette Scott Document Specialist II

www.sunbiz.org

## COVER LETTER

Nam	e of Limited Liability Company			
	e of Littled Liability Company			
tion by Foreign Limited Liability submitted to register the above	Company for Authorization to Transact Busine referenced foreign limited liability company to	ess in Florida, transact busi	" Certific	ate o
Paul	ette Faulknor			
	Name of Person		r-J	
JLANCE	APTS LLC	<u>.</u>		
	Firm/Company	1	33(	. •
1 North Ridge RD, [	Denville, NJ 07834	1. #	0	1
<del></del>	Address	42.	工	i
firstlady425@gmail.	ity/State and Zip Code	<u>₹</u>	. F	
E-mail address: (to be	used for future annual report notification)			
	973-296-5285			
Name of Contact Person	Area Code Daytime Telepho	ne Number		
E ection Corporations 27	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			
	Poindence concerning this matter to Paul  JLANCE  1 North Ridge RD, [  firstlady425@gmail.e	Paulette Faulknor  Name of Person  JLANCE APTS LLC  Firm/Company  1 North Ridge RD, Denville, NJ 07834  Address  City/State and Zip Code  firstlady425@gmail.com  E-mail address: (to be used for future annual report notification)  concerning this matter, please call:  Faulknor  Name of Contact Person  Street Address: Section  Corporations  27  The Centre of Tallahassee 2415 N. Monroe Street, Suite 810	Paulette Faulknor  Name of Person  JLANCE APTS LLC  Firm/Company  1 North Ridge RD, Denville, NJ 07834  Address  City/State and Zip Code  firstlady425@gmail.com  E-mail address: (to be used for future annual report notification)  concerning this matter, please call:  Faulknor  Name of Contact Person  Street Address: Section Corporations Corporations Corporations Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810	Paulette Faulknor  Name of Person  JLANCE APTS LLC  Firm/Company  1 North Ridge RD, Denville, NJ 07834  Address  City/State and Zip Code  firstlady425@gmail.com  E-mail address: (to be used for future annual report notification)  concerning this matter, please call:  Faulknor  Name of Contact Person  Street Address: Section Corporations Corporations Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

## APPLICATION BY I OREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

e uma milable anna ab				_	
New Jers	<b>-</b>	. 3	1915 1911 1911 1911 1911 1911 1911 1911	aibility Company," "L.	L.C," or "LLC."
	which foreign limited liability company is organized	<u> </u>	(FEI num	ber, if applicable)	DEC 10
-	(Date first transacted business in Florida, if p. (See sections 605.0904 & 605.0905, F.S. to c	rior to registration.)	lity)		-0
1 North Ridge RID	D, Denville, NJ 07834		North Ridge RD, Der	nville, NJ 0783	· 達 4 い
				, in its part of the part of t	
ame and street address	ss of Florida registered agent: (P.O.	Box <u>NOT</u> acce		 2	
Vame and <u>street addres</u> Name:	ss of Florida registered agent: (P.O.  Paulette Faulknor	Box NOT acce			
		Box NOT acce			
Name:	Paulette Faulknor	Box NOT acce			

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: Title or Capacity: Name and Address: Paulette Faulknor **X** Manager □Manager Name: \_\_\_\_\_\_ 1 North Ridge RD, Denville, NJ 07834 XMcmber 1 Adılress: □Member Address: □ Authorized ☐ Authorized Person Person □Other □ Other □Other\_ ☐Other\_\_\_ Name: Devon Baker □ Manager □Manager Address: 29 Fulton St **X**Member □Member East Orange NJ 07017 ☐ Authorized □ Authorized Person Person □Other □Other\_\_\_\_ Other □ Other □Manager Name: □Manager Name: \_\_\_\_\_ □Member Adc ress: □Member Address: ☐ Authorized ☐ Authorized Person Person Other\_ □Other\_\_\_\_\_ Other\_ □Other\_\_\_\_\_ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed 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 : ubmitted) 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 15 the Department of State constitutes a third degree elony as provided for in s.817.155, F.S. Paulette Faulknor "Managing Member"

Typed or printed name of signee

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

JLANCE APTS, LLC 0600317033

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 08, 2008.

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:

PAULETTE P. FAULKNOR I NORTH RIDGE ROAD DENVILLE, NJ 07834

SEARCH CAREATTE

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

Elizabeth Maher Muoio

State Treasurer

Certificate Number: 6113618196

Verify this certificate online at

https://wwwl.sta'e.nj.us/TYTR\_StandingCert/JSP/Verify\_Cert.jsp