

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Simon Financial Group 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:

Kenneth R. Doitz CPA
Name of Person

Simon + Doitz LLC
Firm/Company

42 EAST MAIN STREET, SUITE 204
Address

Freehold NJ 07728
City/State and Zip Code

doitzfreeholdcpa@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kenneth R. Doitz at (732) 780 3665
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. SIMON FINANCIAL GROUP LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," 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," "LLC," or "LLC.")

2. NEW JERSEY
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 46-3096026
(FEI number, if applicable)

4. 1/1/2021
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 6217 NW 21ST STREET
(Street Address of Principal Office)

6. c/o SIMON + DETL LLC
(Mailing Address)

BOCA RATON FL
33496

42 EAST MAIN STREET
FREEHOLD NJ 07728

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

Name: SAUL SIMON

Office Address: 6217 NW 21ST STREET

BOCA RATON, Florida 33496
(City) (Zip code)

21 JUN 19 AM 7:41
FD

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 signated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree 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.

[Signature]
(Registered agent's signature)

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]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: <u>Soul Simon</u>	<input type="checkbox"/> Manager	Name: _____
<input checked="" type="checkbox"/> Member	Address: <u>6217 NW 21st St</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized Person	<u>Boca Raton FL</u>	<input type="checkbox"/> Authorized Person	_____
	<u>33496</u>		_____
<input type="checkbox"/> Other	_____	<input type="checkbox"/> Other	_____

Manager Name: _____

Member Address: _____

Authorized Person _____

Other _____

Manager Name: _____

Member Address: _____

Authorized Person _____

Other _____

Manager Name: _____

Member Address: _____

Authorized Person _____

Other _____

Manager Name: _____

Member Address: _____

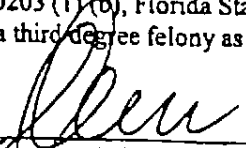
Authorized Person _____

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

SAUL SIMON

 Typed or printed name of signee

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

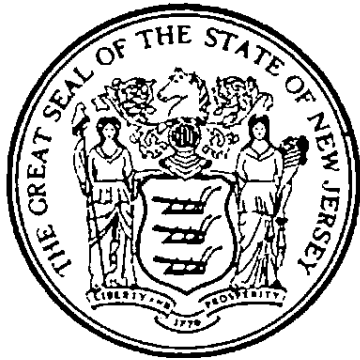
SIMON FINANCIAL GROUP LLC
0400584834

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 July 01, 2013.

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:

KENNETH R DEITZ
42 EAST MAIN STREET
SUITE 204
FREEHOLD, NJ 07728



*IN TESTIMONY WHEREOF, I have
hereunto set my hand and affixed
my Official Seal at Trenton, this
11th day of January, 2021*

*Elizabeth Maher Muoio
State Treasurer*

Certificate Number : 6114552675

Verify this certificate online at

https://www1.state.nj.us/TYTR_StandingCertiJSP/Verify_Cert.jsp