



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 21<sup>ST</sup> STREET  
(Street Address of Principal Office)

6. c/o SIMON + DETTLER 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 21<sup>ST</sup> 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)



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

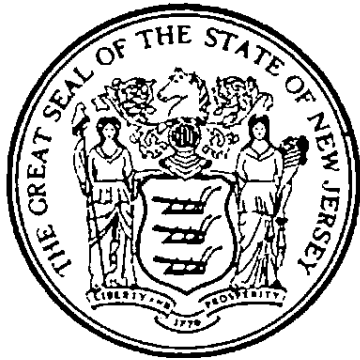
**SIMON FINANCIAL GROUP LLC**  
0400584834

*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](https://www1.state.nj.us/TYTR_StandingCertiJSP/Verify_Cert.jsp)*