

M2100000464

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

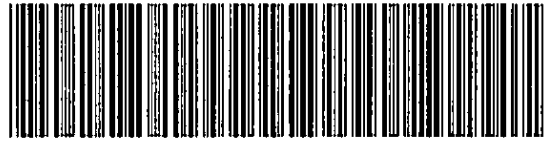
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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03/19/21--01012--028 **125.00

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21 MAR 19 AM 10:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APR 6 2021

**RBD Consulting LLC
c/o James McCarthy 54 Chestnut Street
Rutherford, NJ 07070**

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

January 21/24, 2021

Re: **Registration of Foreign LLC
RBD Consulting, LLC
EIN- 48-0807191**

Dear Staff:

Please process our request to register the above entity in Florida as a foreign entity to conduct business in Florida.

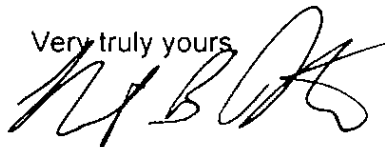
We have attached the following:

1. Completed Application of the Division of Corporations;
2. Certificate of Good Standing from State of New Jersey;
3. Check in the amount of \$125.00 made payable to the Florida Department of State

Please mail the original certificate to the address at the top of this letter. This is the address of our attorney.

Thank you.

Very truly yours,



Robert DeSteno, Member

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: RBD Consulting, 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:

Robert DeSteno

Name of Person

RBD Consulting, LLC

Firm/Company

9584 Trevi Court, Unit #5222

Address

Naples, Florida 34113

City/State and Zip Code

desteno@verizon.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

James McCarthy

201 264-1773
at ()

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. RBD Consulting, LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

RBD, 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.")

2. New Jersey

(Jurisdiction under the law of which foreign limited liability company is organized)

3. 48-0807191

(FEI number, if applicable)

4. N/A

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

5. 9584 Trevi Court,

(Street Address of Principal Office)

6. 9584 Trevi Court,

(Mailing Address)

Unit #5222,

Unit #5222

Naples Fla 34113

Naples Fla 34113

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

Name: Robert DeSteno

Office Address: 9584 Trevi Court, Unit #5222, Naples Fla 34113

Naples

(City)

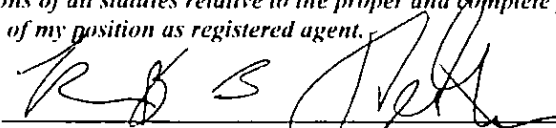
, Florida

34113

(Zip code)

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



(Registered agent's signature)
ROBERT B. DESTENO

FILED
21 MAR 19 4 10 57 PM
CLERK OF CIRCUIT COURT
IN AND FOR THE COUNTY OF S.W. FLA.

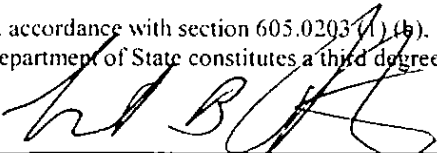
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<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: Robert DeSteno	<input type="checkbox"/> Manager	Name: N/A
<input checked="" type="checkbox"/> Member	Address: 9584 Trevi Court	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	Unit #5222	<input type="checkbox"/> Authorized	_____
Person	Naples Fla 34113	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: N/A	<input type="checkbox"/> Manager	Name: N/A
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: N/A	<input type="checkbox"/> Manager	Name: N/A
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> 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

Robert DeSteno

Typed or printed name of signer

**STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
SHORT FORM STANDING**

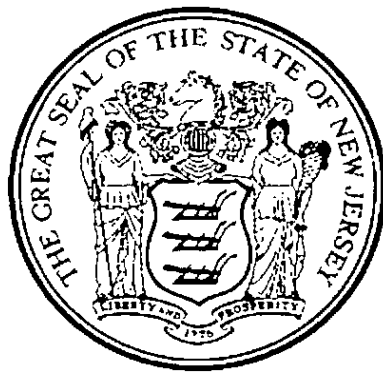
RBD CONSULTING LLC
400512667

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 August 17, 2012.

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 the registered agent and registered office are:

*James Mccarthy, Esq.
54 Chestnut Street
Rutherford, NJ 07070*



Certificate Number: 142745012

Verify this certificate online at

<https://www.njportal.com/DOR/businessrecords/Validate.aspx>

*IN TESTIMONY WHEREOF, I have
hereunto set my hand and affixed
my Official Seal at Trenton, this
19th day of February, 2021*

A handwritten signature in cursive script, appearing to read "Elizabeth Maher Muoio".

*Elizabeth Maher Muoio
State Treasurer*