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TALLAHASSEE, FLORIDA

21/28/21

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Momentum Resource Solutions, 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:

Deborah Dombrowski

Name of Person

Momentum Resource Solutions, LLC

Firm/Company

1090 King Georges Post Rd., Suite 804

Address

Edison, NJ 08837

City/State and Zip Code

ddombrowski@momentumrs.com

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

For further information concerning this matter, please call:

Deborah Dombrowski

732

732-1131

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

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

3. 223615098
(FEI number, if applicable)

4. 01/01/2021
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 1090 King Georges Post Rd., Suite 804
(Street Address of Principal Office)

6. 1090 King Georges Post Rd., Suite 804
(Mailing Address)

Edison, NJ 08837
Edison, NJ 08837

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

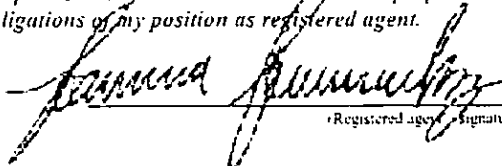
Name: InCorp Services, Inc.

Office Address: 17888 67th Court North

Loxahatchee, Florida 33470
(City) (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. 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.

 Joanna Fernandez on behalf of InCorp Services, Inc.
(Registered agent's signature)

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21 JUL 22 AM 11:28
CLERK OF CIRCUIT COURT
JUDICIAL CIRCUIT IN AND FOR
DADE COUNTY, FLORIDA

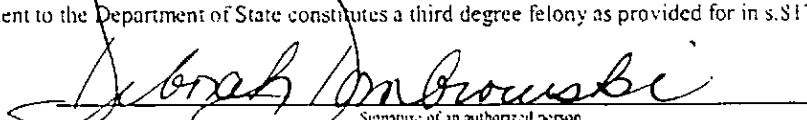
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<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>Albert Compitello</u>	<input type="checkbox"/> Manager	Name: <u>Bryan Morris</u>
<input checked="" type="checkbox"/> Member	Address: <u>1090 King Georges Post Rd</u>	<input checked="" type="checkbox"/> Member	Address: <u>1090 King Georges Post Rd</u>
<input type="checkbox"/> Authorized	<u>Suite 804</u>	<input type="checkbox"/> Authorized	<u>Suite 804</u>
Person	<u>Edison, NJ 08837</u>	Person	<u>Edison, NJ 08837</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input checked="" type="checkbox"/> Manager	Name: <u>Deborah Dombrowski</u>	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: <u>1090 King Georges Post Rd</u>	<input type="checkbox"/> Member	Address: _____
<input checked="" type="checkbox"/> Authorized	<u>Edison, NJ 08837</u>	<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: _____	<input type="checkbox"/> Manager	Name: _____
<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

Deborah Dombrowski
Typed or printed name of signer

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

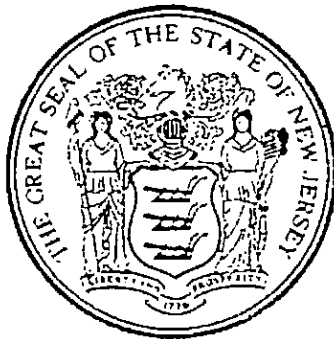
**MOMENTUM RESOURCE SOLUTIONS, LLC
0600057218**

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 09, 1998.

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:

**ALBERT A. COMPITELLO
1090 KING GEORGES POST ROAD
SUITE 804
EDISON, NJ 08837**



*IN TESTIMONY WHEREOF, I have
hereunto set my hand and affixed
my Official Seal at Trenton, this
12th day of April, 2021*

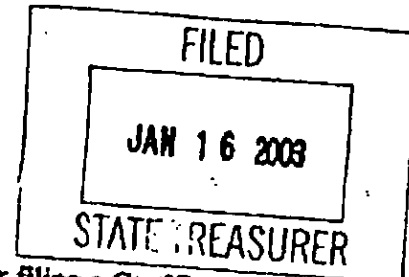
**Elizabeth Maher Muoio
State Treasurer**

Certificate Number : 6117812163

Verify this certificate online at

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

CERTIFICATE OF AMENDMENT
OF
CERTIFICATE OF FORMATION
OF
THE JAVORSKY GROUP, L.L.C.



The undersigned Authorized Person hereby executes and submits for filing a Certificate of Amendment pursuant to the provisions of the Limited Liability Company Act, Title 42 of the State of New Jersey and hereby sets forth as follows:

FIRST: The name of the Limited Liability Company is

THE JAVORSKY GROUP, L.L.C.
[#0600-0572-18]

SECOND: The Certificate to be amended is the Certificate of Formation which was filed with the Secretary of State of New Jersey on October 9, 1998.

THIRD: The amendment to the Certificate of Formation effected hereby is as follows:

To amend Article FIRST of the Certificate of Formation so as to read as follows:

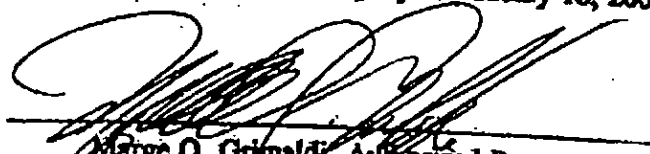
FIRST: The name of the Limited Liability Company is

MOMENTUM RESOURCE SOLUTIONS, L.L.C.

FOURTH: The effective date shall be the date of filing this Certificate of Amendment with the Secretary of State of New Jersey.

EXECUTION

The undersigned represents that this filing complies with State law as detailed in NJSA 42 and that hereby attest to be authorized to execute this Certificate of Amendment to the Certificate of Formation on behalf of the Limited Liability Company on January 16, 2003.


George O. Grimaldi, Authorized Person

STATEMENT OF AUTHORIZED FILER
IN LIEU OF MEMBERSHIP MEETING
OF
THE JAVORSKY GROUP, L.L.C.

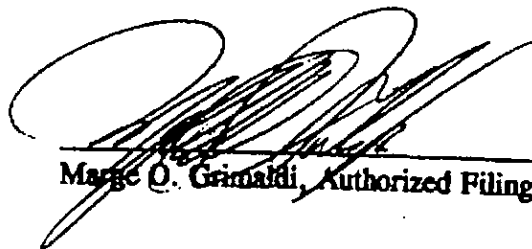
THE UNDERSIGNED, being the authorized filing person of THE JAVORSKY GROUP, L.L.C., a Limited Liability Company of the State of New Jersey, does hereby adopt the following resolutions and takes the following action by written consent in lieu of a meeting pursuant to the provisions of Title 42 of the Limited Liability Company Act of the State of New Jersey:

RESOLVED, that the undersigned is hereby authorized to file a Certificate of Amendment to the Certificate of Formation to amend the company name so as to read as follows: MOMENTUM RESOURCE SOLUTIONS, L.L.C.; a copy of this Certificate of Amendment to the Certificate of Formation, as filed in the Office of the Secretary of State of New Jersey on January 16, 2003, be and the same hereby is, ordered filed with the Operating Agreement of this Limited Liability Company; and

RESOLVED, that from this day hence, the undersigned, effective this date, has fulfilled the duties as the authorized filing person for MOMENTUM RESOURCE SOLUTIONS, L.L.C. and relinquishes all further duties relating to the formation of this Limited Liability Company.

EXECUTION

EXECUTED by the authorized filing person on January 17, 2003.

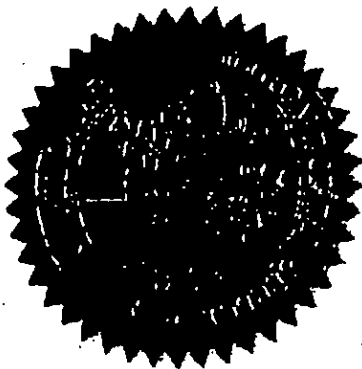

Marge O. Grimaldi, Authorized Filing Person

STATE OF NEW JERSEY
DEPARTMENT OF TREASURY
FILING CERTIFICATION (CERTIFIED COPY)

MONMENTUM RESOURCE SOLUTIONS, L.L.C.
0600057218

*I, the Treasurer of the State of New Jersey,
do hereby certify, that the above named business
did file and record in this department a
Certificate of Amendment on January 16th, 2003
and that the attached is a true copy of this
document as the same is taken from and compared
with the original(s) filed in this office and now
remaining on file and of record.*

IN TESTIMONY WHEREOF, I have
hereunto set my hand and
affixed my Official Seal
at Trenton, this
16th day of January, 2003



A handwritten signature in black ink, appearing to read "John E. McCormac". The signature is fluid and cursive, written in a professional style.

John E McCormac, CPA
Treasurer

**CERTIFICATE OF AMENDMENT
OF
CERTIFICATE OF FORMATION
OF
THE JAVORSKY GROUP, L.L.C.**

Prepared by:

**Orlick, Smulofsky & Company, LLP
77-55 Schanck Road, Suite B15
Freehold, New Jersey 07728
(732) 462-2800**

FILED

CERTIFICATE OF FORMATION
OF
THE JAVORSKY GROUP, L.L.C.

OCT 9 1998

James A. DiStefano, Jr.
State Treasurer

THIS IS TO CERTIFY THAT I, Wayne J. Peck, attorney at law, do hereby file this certificate of formation of a Limited Liability Company under and by virtue of PL 1993, c. 210.

FIRST: The name of the limited liability company is The Javorsky Group, L.L.C. Said company shall consist of two (2) members, who are Ronald Javorsky and Kenneth Schwartz.

SECOND: The address of the registered office is 1090 King Georges Post Road, Suite 607, Edison NJ 08837.

THIRD: The name and address of the registered agent for service of process is Ronald Javorsky, 1090 King Georges Post Road, Suite 607, Edison NJ 08837.

FOURTH: There is no specific date upon which the limited liability company shall dissolve. Certain events, as specified in the Operating Agreement of the company, shall cause a dissolution of the company.

FIFTH: Each member of the company shall be responsible to participate in the management of the company. Any member is and shall be empowered to bind, by his or her actions, the company to debts, agreements and obligations.

SIXTH: A. No member shall be personally liable to this company or to any member or members of this company for breach of any duty owed to the company or its members, provided, however, that this provision shall not relieve a member from liability for

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any breach of duty based upon an act or omission (a) in breach of such person's duty of loyalty to the company or its members, (b) not in good faith or involving a knowing violation of law, or (c) resulting in receipt by the member of an improper personal benefit.

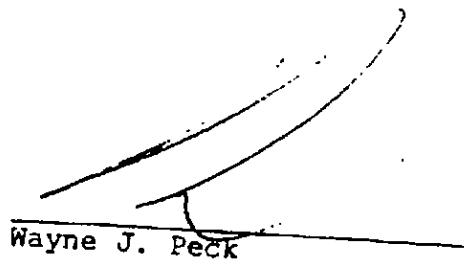
B. In the event the law permitting the provisions of this article is changed or expires with respect to members, such a change or expiration shall not affect or invalidate those provisions of this article which remain in accordance with law.

SEVENTH: The effective date of this Certificate of Formation shall be its date of filing with the Secretary of State of New Jersey.

IN WITNESS WHEREOF, I have hereunto set my hand and seal on October 8, 1998.

Signed, sealed and delivered in the presence of:


Carol Gallagher


Wayne J. Peck

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