

8/11/2021

Division of Corporations

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (954)208-0845

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

Foreign Limited Liability Company
FT PIERCE SO KINGS HWY LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

AUG 12 2021

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Corporate Filing Menu

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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. FT PIERCE SO KINGS HWY 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. NJ 3. 87-2055025
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 8/10/21
(Date first transacted business in Florida (if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 67 MOUNTAIN BLVD SUITE 201 6. 67 MOUNTAIN BLVD SUITE 201
(Street Address of Principal Office) (Mailing Address)
WARREN NJ 07059 WARREN NJ 07059

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

Name: C/T Corporation System
Office Address: 1200 South Pine Island Road
Plantation, Florida 33324
(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 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.

By: [Signature] C/T Corporation System Tracy Kellner Asst Secretary
(Registered agent's signature)

FILED
2021 AUG 11 AM 8:41
CLERK OF STATE
TALLAHASSEE, 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 checked="" type="checkbox"/> Manager	Name: MARTIN SEGAL	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: 67 MOUNTAIN BLVD	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	SUITE 201	<input type="checkbox"/> Authorized	_____
Person	WARREN NJ 07059	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 _____
<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.

Martin Segal

Signature of an authorized person

MARTIN SEGAL

Typed or printed name of signer

STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
DIVISION OF REVENUE AND ENTERPRISE SERVICES

SHORT FORM STANDING

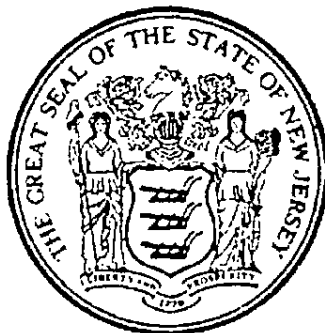
FT PIERCE SO KINGS HWY LLC
0450686282

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named NJ Domestic Limited Liability Company (LLC) was registered by this office on Friday, August 6, 2021.

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 registered office are:

MS MANAGER LLC
67 MOUNTAIN BLVD STE 201
WARREN, NEW JERSEY 07059



IN TESTIMONY WHEREOF, I have
hereunto set my hand and
affixed my Official Seal
6th day of August, 2021

A handwritten signature in black ink, appearing to read "Elizabeth Maher Muoio".

Elizabeth Maher Muoio
State Treasurer

Certificate Number : 4145174662
Verify this certificate online at
https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp