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2021 SEP 24 PM 3:41

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

NOT A PUBLIC RECORD

ACCOUNT NO. : I200000000195

REFERENCE : 032908 8300300

AUTHORIZATION :

*[Signature]*

COST LIMIT : \$ 125.00

ORDER DATE : September 24, 2021

ORDER TIME : 2:51 PM

ORDER NO. : 032908-005

CUSTOMER NO: 8300300

FOREIGN FILINGS

NAME: RJC GROWTH, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland -- EXT# 61592

EXAMINER: \_\_\_\_\_

To: Yvette Scott  
Florida Department of State  
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

From: Jeff Levine

Re: RJC Growth, LLC, a foreign LLC (Ref#: 819A00017018)

Date: August 11, 2021

The initial filing was rejected by the state for failure to include a good standing certificate from the State of Delaware (state of incorporation). The Filing Number is: W19000076681. Included in this submission is the new filing, good standing certificate and check for filing.

If you have any questions please call Jeffrey Wasserman at 973-477-6543

Thank you

Jeff Levine, CEO of RJC Growth, LLC

2021 AUG 11 PM 9:47

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: RJC GROWTH, 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:

Jeffrey Wasserman

Name of Person

CURCIO MIRZAIAN SIROT LLC

Firm/Company

5 BECKER FARM ROAD, SUITE 406

Address

ROSELAND NJ 07068

City/State and Zip Code

jwasserman@cms11c.law

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

For further information concerning this matter, please call:

Jeffrey Wasserman

at ( 973 )

477-6543

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:*

RJC GROWTH, LLC

1. \_\_\_\_\_  
(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.")

DELAWARE

2. \_\_\_\_\_ 3. \_\_\_\_\_  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

8-17-2019

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

5. 129 NW 13TH STREET, STE 30 6. 129 NW 13TH STREET, STE 30  
(Street Address of Principal Office) (Mailing Address)

BOCA RATON, FL 33432

BOCA RATON, FL 33432

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

JEFF LEVINE

Name: \_\_\_\_\_

Office Address: 129 NW 13TH STREET, STE 30

BOCA RATON

33432

(City)

, Florida

(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.*

(Signature of Registered Agent)

Jeff Levine

(Registered agent's signature)

2021 AUG 11 PM 9:41

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: <u>JEFF LEVINE</u>	<input checked="" type="checkbox"/> Manager	Name: <u>STEVE SHAFFER</u>
<input checked="" type="checkbox"/> Member	Address: <u>129 NW 13TH STREET, STE 30</u>	<input checked="" type="checkbox"/> Member	Address: <u>129 NW 13TH STREET, STE 30</u>
<input type="checkbox"/> Authorized	<u>BOCA RATON, FL 33432</u>	<input type="checkbox"/> Authorized	<u>BOCA RATON, FL 33432</u>
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input checked="" type="checkbox"/> Manager	Name: <u>Anthony Polazzi</u>	<input type="checkbox"/> Manager	Name: _____
<input checked="" type="checkbox"/> Member	Address: <u>129 NW 13TH STREET, STE 30</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	<u>BOCA RATON, FL 33432</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)*

Jeff Levine

Signature of an authorized person

JEFF LEVINE

Typed or printed name of signer

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "RJC GROWTH, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE ELEVENTH DAY OF AUGUST, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "RJC GROWTH, LLC" WAS FORMED ON THE THIRTY-FIRST DAY OF MAY, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.



7445895 8300

SR# 20212945551

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

A handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 203893441

Date: 08-11-21