

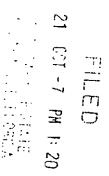
(Requestor's Name)				
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PICK-UP	☐ WAIT	MAIL		
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COVER LETTER

TO:	Registration Section Division of Corporations				
UBJE	ABS Restaurants, LLC				
Name of Limited Liability Company					
Existen	closed "Application by Foreign Limited Liabilities, and check are submitted to register the above	ty Company for Authorization to Transact Business in Florida," Certificate we referenced foreign limited liability company to transact business in Florica to the following:			
	Adam Sciarillo	a to the following.			
		Name of Person			
	ABS Restaurants, LLC				
	Firm/Company				
	203 N Jefferson Avenue Unit B				
		Address			
	Margate, NJ 08402				
		City/State and Zip Code			
	adam.sciarillo@outlook.com				
	E-mail address: (to	be used for future annual report notification)			
or furt	her information concerning this matter, please of	call:			
Adam Sciarillo		609 816-2291			
	Name of Contact Person	Area Code Daytime Telephone Number			
	Mailing Address:	Street Address:			
Registration Section		Registration Section			
Division of Corporations		Division of Corporations			
P.O. Box 6327		The Centre of Tallahassee			
	Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			
	Enclosed is a check for the following amount: Please make check payable to: FLORIDA DE \$125.00 Filing Fee \$130.00 Filing F Certificate	Fee & 🗍 \$155.00 Filing Fee & 🗏 \$160.00 Filing Fee, Certificate			

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. ABS Restaurants, LLC		_	_	
(Name of Foreign The Grilled Cheese & Cra	Limited Liability Company; must include "Limite	d Liability Company,	"L.L.C.," or "LLC.")
	name adopted for the purpose of transacting business in F	orida. The alternate name	must include "Lamited	Lability Company," "L.L.C," or "LLC.")
New Jersey		81-0735	782	
2. (Jurisdiction under the law of w	hich foreign limited liability company is organized)	3	(FEI nur	mber, if applicable)
None				
4	(Date first transacted business in Florida, if prior to (See sections 605.0904 & 605.0905, F.S. to determ	registration.) ne penalty liability)		
3688 N Atlantic Avenu	ıe	203 N Jef	ferson Avenue	
5. (Street Address of Principal Office)		(Mailin	g Address)	
		Unit B		
Cocoa Beach, FL 3293	1	Margate,	NJ 08402	
7. Name and street address	ss of Florida registered agent: (P.O. Box	NOT acceptable)	29
Name:	Adam Sciarillo			3 -
Office Address:	3688 N Atlantic Avenue			T PH
	Cocoa Beach	, F	32931 lorida	th 21
	(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.

(Registered agent's signature)

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]:

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
☐Manager	Name: Adam Sciarillo	□Manager	Name: Angie Sciarillo
■Member	Address: 203 N Jefferson Avenue	■Member	Address: 203 N Jefferson Avenue
□Authorized	Unit B	□Authorized	Unit B
Person	Margate, NJ 08402	Person	Margate, NJ 08402
☐Other	Other	□ Other	Other
□Manag er	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		□Authorized	
Person		Person	
Other	Other	□Other	Other
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
☐Authorized		□Authorized	
Person		Person	
□Other	Other	□Other	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

Adam Sciarillo

Typed or printed name of signee

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

ABS RESTAURANTS LLC 0450035298

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 December 04, 2015.

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:

ADAM SCIARILLO 203 N JEFFERSON AVENUE UNIT B MARGATE, NJ 08402



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 4th day of October, 2021

Elizabeth Maher Muoio State Treasurer

Certificate Number: 6123767554

Verify this certificate online at

 $https://www.l.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp$