

M220000000868

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

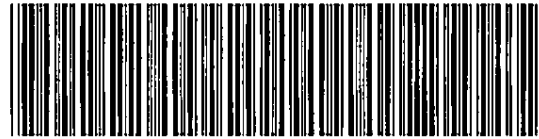
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

2nd Reject
W215000048223

W210000037091

Office Use Only



200361089652

03/02/21--01031--018 **130.00

APPROVED
AND
FILED
2022 JAN 14 AM 11:10
SECRETARY OF STATE
TALLAHASSEE, FL 32301

JAN 18 2022

K. Brumbley

Veronica M. Vargas
ProStar Maintenance, LLC

45 Avenue A,
Lodi, NJ 07644
973-856-4592 Mobile
973-779-7989 Home
prostarmain@gmail.com

To Whom It May Concern,

I am interested in registering my New Jersey business in Florida.

ProStar Maintenance, LLC is a property maintenance company,
specializing in residential property cleaning and repairs.

The required registration documents and filling fee are enclosed here.
Please feel free to contact me if you require any additional information.

Very truly yours,

Veronica M. Vargas

A handwritten signature in cursive script that reads "Veronica M. Vargas". The signature is written in dark ink and is positioned below the typed name.

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Prostar Maintenance 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:

Veronica M. Vargas

Name of Person

Prostar Maintenance

Firm/Company

45 Avenue A

Address

Lodi, NJ 07644

City/State and Zip Code

prostarmain@gmail.com

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

For further information concerning this matter, please call:

Veronica M. Vargas

973

856-4592

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. Prostar Maintenance 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. _____
(FEI number, if applicable)

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

5. 45 Avenue A
(Street Address of Principal Office)

6. 45 Avenue A
(Mailing Address)

Lodi, NJ 07644

Lodi, NJ 07644

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

Name: Registered Agents Inc

Office Address: 7901 4th st. N, STE 300

St. Petersburg, Florida 33702
(City) (Zip code)

APPROVED
AND
FILED
2022 JAN 14 AM 11:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

Dill Hanne
(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:

☒ Manager

Name: Veronica M. Vargas

☐ Member

Address: 45 Avenue A

☐ Authorized

Lodi, NJ 07644

Person

☐ Other

☐ Other

☐ Manager

Name: _____

☒ Member

Address: _____

☐ Authorized

Person

☐ Other

☐ Other

☐ Manager

Name: _____

☐ Member

Address: _____

☐ Authorized

Person

☐ Other

☐ Other

Title or Capacity:

Name and Address:

☐ Manager

Name: _____

☐ Member

Address: _____

☐ Authorized

Person

☐ Other

☐ Other

☐ Manager

Name: _____

☐ Member

Address: _____

☐ Authorized

Person

☐ Other

☐ Other

☐ Manager

Name: _____

☐ Member

Address: _____

☐ Authorized

Person

☐ 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.

Veronica M. Vargas
Signature of an authorized person

VERONICA M. VARGAS
Typed or printed name of signer

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

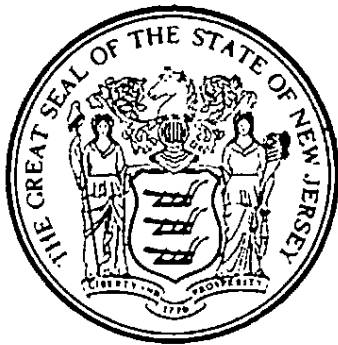
PROSTAR MAINTENANCE LLC
0450578452

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 15, 2020.

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:

DAVID VARGAS
45 AVENUE A
LODI, NJ 07644-1801



*IN TESTIMONY WHEREOF, I have
hereunto set my hand and affixed
my Official Seal at Trenton, this
14th day of January, 2022*

Elizabeth Maher Muoio
State Treasurer

Certificate Number : 6127401183

Verify this certificate online at

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