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(F	Requestor's Name)	
(A	Address)	
(<i>f</i>	Address)	
(0	City/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
	Business Entity Name)	
(0	Document Number)	
Certified Copies	Certificates of	Status
Special Instructions to F	Filing Officer:	

Office Use Only



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2022 JAN 26 PH 3:

S. HAWKES

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 43,5573 8334108

AUTHORIZATION : THE BOX

COST LIMIT : \$ 125.00

·

ORDER DATE: January 26, 2022

ORDER TIME : 11:52 AM

ORDER NO. : 435573-005

CUSTOMER NO: 8334108

FOREIGN FILINGS

NAME: MOISHE'S GUARANTEE ASSET

MANAGEMENT, 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: Eyliena Baker -- EXT#

COVER LETTER

TO:

SUBJECT:	Moishe's Guarante	e Asset Management, LL	С		
		Name	of Limited Liabilit	v Compar	ıv
The enclosed	"Application by E			-	•
Existence, and	check are submit	ted to register the above re	ompany for Authori eferenced foreign lin	ization to nited liab	Transact Business in Florida," Certifica ility company to transact business in Flo
Please return a	all correspondence	concerning this matter to	the following:		
	Kristina Hosh	ovsky			
			Name of Person		
	M Managemen	nt, Inc.			
			Firm/Company		
	215 Coles Stre	et			
			Address		
	Jersey City, NJ	07310			
		City	State and Zip Code		
	khoshovsky@mr	ngmt.net			
		E-mail address: (to be us	ed for future annua	report no	otification)
or further infor	mation concerning	g this matter, please call:			
Kristin	a Hoshovsky		201 at (798-47	710
	Name of	Contact Person	Area Code	Day	ytime Telephone Number
MAILI	NG ADDRESS:			STREET	Γ ADDRESS:
Division of Corporations Registration Section			Division	of Corporations	
P.O. Box 6327			Registration Section Clifton Building		
Tallahas	ssee, Fl. 32314			2661 Exe	Building Scutive Center Circle See, FL 32301
closed is a che	ck for the followir .00 Filing Fee	ig amount:			

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATULES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: 1. Moishe's Guarantee Asset Management, 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.") Delaware (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized) Upon filing (Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 215 Coles Street Jersey City, NJ 07310 (Street Address of Principal Office) 215 Coles Street Jersey City, NJ 07310 (Mailing Address) 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Corporation Service Company Name: 1201 Hays Street Office Address: Tallahassee (City) 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 complywith 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. 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Moishe Mana, Sole Member

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)

Signature of an authorized person

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.

Moishe Mana
Typed or printed name of signce

215 Cole Street, Jersey City, NJ 07310

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "MOISHE'S GUARANTEE ASSET MANAGEMENT,

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 TWENTY-SIXTH DAY OF JANUARY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MOISHE'S GUARANTEE ASSET MANAGEMENT, LLC" WAS FORMED ON THE SECOND DAY OF OCTOBER, A.D. 2002.

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

Authentication: 202491277

Date: 01-26-22