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(Address)

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(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: All Class Detailing 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:

Paul Minnucci

Name of Person

All Class Detailing LLC

Firm/Company

3055 NW 26th Street

Address

Lauderdale Lakes, 33311

City/State and Zip Code

paul.minnucci@allclassdetailing.com

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

For further information concerning this matter, please call:

Mildred Smit

954

8810609

Name of Contact Person

at (_____) _____

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. All Class Detailing 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. Mercer County New Jersey

(Jurisdiction under the law of which foreign limited liability company is organized)

223844967

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)

3055 NW 26th Street

5. (Street Address of Principal Office)

3055 NW 26th Street

6.

(Mailing Address)

Lauderdale Lakes, Florida 33311

Lauderdale Lakes, Florida 33311

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

Name: Paul Minnucci

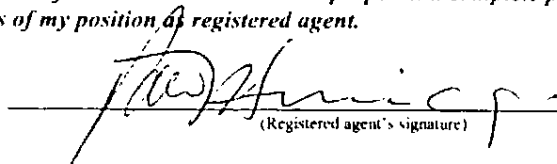
Office Address: 2640 Marina Bay Drive E # 303

Fort Lauderdale, Florida 33312
(City) (Zip code)

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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.


(Registered agent's signature)

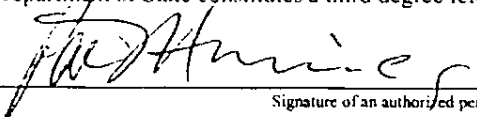
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<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: Paul Minnucci	<input checked="" type="checkbox"/> Manager	Name: Mildred Smit
<input type="checkbox"/> Member	Address: 2640 Marina Bay Drive E	<input type="checkbox"/> Member	Address: 408 NE 6th Street
<input type="checkbox"/> Authorized	apt 303	<input type="checkbox"/> Authorized	# 639
Person	Fort Lauderdale, 33312	Person	Fort Lauderdale, 33304
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other CFO	<input type="checkbox"/> Other
<input type="checkbox"/> Manager	Name: Jennifer Minnucci-Smith	<input type="checkbox"/> Manager	Name:
<input type="checkbox"/> Member	Address: 2640 Marina Bay Drive E	<input type="checkbox"/> Member	Address:
<input checked="" type="checkbox"/> Authorized	Apt 303	<input type="checkbox"/> Authorized	
Person	Fort Lauderdale, 33312	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 an authorized person
Paul Minnucci

Typed or printed name of signee

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

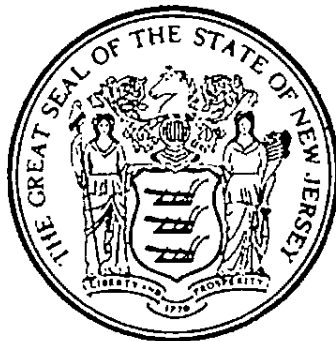
ALL CLASS DETAILING LLC
0600125674

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 October 25, 2001.

Said business was placed in a pending Reinstatement Process on February 24, 2022, and as of the date of this certificate, has not yet been reinstated, and its Annual Reports are current.

I further certify that the last registered agent and registered office of record were:

*PAUL MINNUCCI
208 GREELEY STREET
HIGHTSTOWN, NJ 08520*



*IN TESTIMONY WHEREOF, I have
hereunto set my hand and affixed
my Official Seal at Trenton, this
24th day of February, 2022*



*Elizabeth Maher Muoio
State Treasurer*

Certificate Number : 2618231064

Verify this certificate online at

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