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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : M. BURR KEIM COMPANY
Account Number : I19990000242
Phone : (215)563-8113
Fax Number : (215)977-9386

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**Foreign Limited Liability Company
D'Agostino River Properties Florida LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

S. FRANKLIN

MAR - 4 2022

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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. D'Agostino Properties LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

D'Agostino River Properties Florida 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.")

New Jersey

84-3528023

2. (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)

844 Chestnut Avenue

844 Chestnut Avenue

5. (Street Address of Principal Office)

6. (Mailing Address)

Deptford, NJ 08096

Deptford, NJ 08096

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

Name: Bruce D'Agostino

Office Address: 225 South Tropical Trail, Unit 118

Merritt Island

(City)

, Florida 32952

(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)

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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:☐ ManagerName: Bruce D'Agostino☒ MemberAddress: 844 Chestnut Avenue☐ AuthorizedDeptford, NJ 08096

Person

☐ Other☐ OtherTitle or Capacity:Name and Address:☐ Manager

Name: _____

☐ Member

Address: _____

☐ Authorized

Person

☐ Other☐ Other☐ ManagerName: Santino D'Agostino☒ MemberAddress: 844 Chestnut Avenue☐ AuthorizedDeptford, NJ 08096

Person

☐ Other☐ Other☐ Manager

Name: _____

☐ Member

Address: _____

☐ Authorized

Person

☐ Other☐ Other☐ ManagerName: Vincent D'Agostino☒ MemberAddress: 844 Chestnut Avenue☐ AuthorizedDeptford, NJ 08096

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.

Bruce D'Agostino
Signature of an authorized person

Bruce D'Agostino

Typed or printed name of signer

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

D'AGOSTINO PROPERTIES

0600462592

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 August 27, 2019.

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:

BRUCE J. D'AGOSTINO%
844 CHESTNUT AVENUE
DEPTFORD, NJ 08096



*IN TESTIMONY WHEREOF, I have
hereunto set my hand and affixed
my Official Seal at Trenton, this
3rd day of March, 2022*

Elizabeth Maher Muoio
State Treasurer

Certificate Number : 6129159871

Verify this certificate online at

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

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TREASURER'S OFFICE

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