

Division of Corporations

Page 1 of 2

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000081778 3)))



H220000817783ABC2

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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

From:

Account Name : Vcorp SERVICES, LLC
Account Number : F20080000067
Phone : (845) 425-0077
Fax Number : (845) 616-3538

****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
Newlines Land Consultants LLC

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

S. FRANKLIN
MAR 07 2022

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. Newlines Land Consultants 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. 315 Monmouth Ave, Suite 205
(Street Address of Principal Office)

6. 315 Monmouth Ave, Suite 205
(Mailing Address)

Lakewood, NJ 08701

Lakewood, NJ 08701

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

Name: Steve Dobbs

Office Address: 209 NE 2nd Street

Okeechobee, Florida 34972
(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.

Steve Dobbs
(Registered agent's signature)

2022 MAR -4 PM 2:40

FILED

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 type="checkbox"/> Manager	Name: <u>Rence Ungar</u>	<input type="checkbox"/> Manager	Name: <u>Leah Steinberg</u>
<input checked="" type="checkbox"/> Member	Address: <u>36 Engleberg Terrace</u>	<input checked="" type="checkbox"/> Member	Address: <u>14 Peachtree Court</u>
<input type="checkbox"/> Authorized	<u>Lakewood, NJ 08701</u>	<input type="checkbox"/> Authorized	<u>Lakewood, NJ 08701</u>
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
 <input type="checkbox"/> Manager	Name: <u>Yehuda Ungar</u>	 <input type="checkbox"/> Manager	Name: <u>Ephraim Steinberg</u>
<input checked="" type="checkbox"/> Member	Address: <u>36 Engleberg Terrace</u>	<input checked="" type="checkbox"/> Member	Address: <u>14 Peachtree Court</u>
<input type="checkbox"/> Authorized	<u>Lakewood, NJ 08701</u>	<input type="checkbox"/> Authorized	<u>Lakewood, NJ 08701</u>
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
 <input type="checkbox"/> Manager	Name: <u>Glenn D. Lines</u>	 <input type="checkbox"/> Manager	Name: <u>Joshua Schmuckler</u>
<input checked="" type="checkbox"/> Member	Address: <u>301 Florida Court</u>	<input checked="" type="checkbox"/> Member	Address: <u>61 Canary Drive</u>
<input type="checkbox"/> Authorized	<u>Brick, NJ 08723</u>	<input type="checkbox"/> Authorized	<u>Lakewood, NJ 08701</u>
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.

Taylor Lolya

Signature of an authorized person

Taylor Lolya

Typed or printed name of signer

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

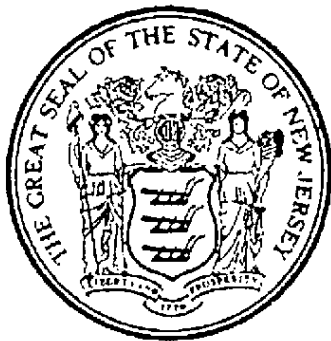
NEWLINES LAND CONSULTANTS LLC
0400709106

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, 2014.

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:

NEW LINES NJ, LLC
315 MONMOUTH AVENUE
SUITE 205
LAKEWOOD, NJ 08701



*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

2022 MAR-4 PM 2:40

FILED

Certificate Number: 6129140232

Verify this certificate online at

https://www1.state.nj.us/TYFR/StandingCert.JSP/Verify_Cert.jsp