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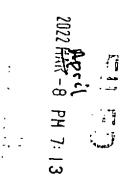
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
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(Document Number)
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S. FRANKLIN APR 1 7 2022

COVER LETTER

	ion Section of Corporations	,				
SUBJECT:	BZ ELECTRIC	LIC				
	Name of	Limited Liability Company				
		pany for Authorization to Transact Business in Florida," Certificate of enced foreign limited liability company to transact business in Florida.				
Please return all co	rrespondence concerning this matter to the	following:				
_		Zimmermann				
	N	anie of Person				
	B2 ELECTRIC	CLC				
Firm/Company						
	40 GREGG	Rd.				
_		Address				
_	MANAHAWKIN	NJ 08050 FF				
	City/\$	State and Zip Code				
-	E-mail address: (to be use	d for future annual report notification)				
For further informa	ition concerning this matter, please call:					
Will	Name of Contact Person	at (201) 847-8888				
	Name of Contact Person	Area Code Daytime Telephone Number				
Mailing A		Street Address:				
Registration Section		Registration Section				
Division of Corporations		Division of Corporations The Centre of Tallahassee				
P.O. Box 6327 Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810				
ranas	300, FE 32314	Tallahassee, FL 32303				
Please ma	is a check for the following amount: ke check payable to: FLORIDA DEPAR ' 0 Filing Fee \$\Bar{\Bar{\Bar{B}}}\$	☐ \$155.00 Filing Fee & ☐ \$160.00 Filing Fee, Certificate				

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTEN, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN TIMITED LABILITY. COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:
BZ ELEGRIC LLC
(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," or "LLC.")
BZ ELECTRICAL UC
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L. E. C.," or "LLC.")
2. New JERSEY (Jurisdiction under the law of which foreign limited Jability company is organized) 3. 02-0539564 (FEI number, if applicable)
4. TONE / 2022 (Date first transacted business in Florida, if prior to registration.) (See sections 605 0904 & 605 6905, F.S. to determine penalty liability)
5. 754 COLONIAL RO. (Street Address of Principal Office) 6. 754 COLONIAL RO. (Mailing Address)
FRANKLIN LAKES, NJ FRANKLIN CAKES NJ 07417 BI
07417
7. Name and <u>street address</u> of Florida registered agent: (P.O. Box <u>NOT</u> acceptable)
Name: William J. Zimmermann Office Address: 14829 REDCUIFF DC
$\frac{\mathcal{I}_{AMPA}}{\mathcal{I}_{(City)}}$. Florida $\frac{33625}{(2.0p \operatorname{code})}$
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 yelative to the proper and complete performance of my duties, and I am familiar with
and accept the obligations of my position he registered agent. (No area 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:	Title or Capacity:		Name and Address:			
⊟Manager	Name: William J. Limmerm	AN Agager	Name:				
Vlember	Address: 754 COLOINIAL R	√ □Member	Address:				
/ □Authorized /	Franklin LTKES, NJ	□Authorized					
Person	07417	Person					
□Other	Other	□Other	 	□Other			
□Manager	Name:	□Manager	Name:				
□Member	Address:	□Member	Address:				
□Authorized		□Authorized					
Person		Person					
□Other	Other	□Other					
				□Ottlec 2022 MAR			
□Manager	Name:	□Manager	Name:				
□Member	Address:	□Member	Address:	P			
□Authorized		□Authorized		7.			
Person		Person		· •			
□Other	Other	□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 faired degree felony as provided for in s.817.155, F.S. **Apparative of an authorized person** **Apparative of an authorized person**							
Typed or printed name of signee							

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

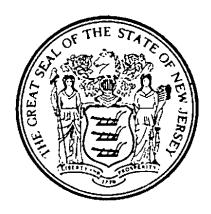
BZ ELECTRIC, LLC 0600130691

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 January 10, 2002.

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:

WILLIAM J ZIMMERMANN 754 COLONIAL RD. FRANKLIN LAKES, NJ 07417



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 22nd day of March, 2022

dun of Mun

Elizabeth Maher Muoio State Treasurer

Certificate Number : 6129923568

Verify this certificate online at

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



March 12, 2022

WILLIAM J ZIMMERMAN 40 GREGG RD MANAHAWKIN, NJ 08050 US

SUBJECT: BZ ELECTRIC LLC Ref. Number: W22000032342

We have received your document for BZ ELECTRIC LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Sharon D Franklin Regulatory Specialist II

RICENTE

Letter Number: 122A00005936