

M22000010700

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

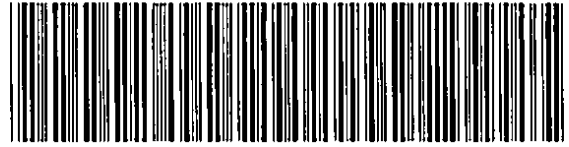
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2022 JUL 11 PM 12:31

2022 JUL 11 PM 3:38

STATE OF  
FLORIDA  
TALLAHASSEE

RECEIVED

S. FRANKLIN

JUL 12 2022

**CORPORATE  
ACCESS,  
INC.**

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160

236 East 6th Avenue, Tallahassee, Florida 32303  
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

**WALK IN**

**PICK UP:** 07/11/2022

**XX CERTIFIED COPY**

☐ **PHOTOCOPY**

**XX CUS**

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**FOREIGN**

**1. SSN ABSECON LLC**

(CORPORATE NAME AND DOCUMENT #)

**2.**

(CORPORATE NAME AND DOCUMENT #)

**3.**

(CORPORATE NAME AND DOCUMENT #)

**4.**

(CORPORATE NAME AND DOCUMENT #)

**5.**

(CORPORATE NAME AND DOCUMENT #)

**6.**

(CORPORATE NAME AND DOCUMENT #)

**SPECIAL  
INSTRUCTIONS:**

2022 JUL 11 PM 12:31

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: SSN Absecon 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:

Petar Bhai  
Name of Person

SSN Absecon LLC  
Firm/Company

5159 W. Woodmill Drive Suite 15  
Address

Wilmington DE 19808  
City/State and Zip Code

Peterbhai@SSNhotels.com  
E-mail address: (to be used for future annual report notification)

2022 JUN 11 PM 12:31

For further information concerning this matter, please call:

Anthony Foschi at (717) 216-5519  
Name of Contact Person Area Code Daytime Telephone Number

**MAILING ADDRESS:**

Division of Corporations  
Registration Section  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**

Division of Corporations  
Registration Section  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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. SSN Absecon 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. 83-1686933  
(FEI number, if applicable)

4. NA - August 1, 2022  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 2620 N. 26<sup>th</sup> Ave  
(Street Address of Principal Office)

6. 5159 W. Woodmill Drive  
(Mailing Address)

Hollywood FL 33020

Suite 15

Wilmington DE 19808

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

Name: Corporate Access INC

Office Address: 26 E. 6<sup>th</sup> Ave

Tallahassee FL, Florida 32303  
(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.

Day Bennett  
(Registered agent's signature)

2022 JUN 11 PM 12:21

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: <u>Peter Bhai</u>                      | <input type="checkbox"/> Manager           | Name: _____                          |
| <input checked="" type="checkbox"/> Member  | Address: <u>5159 W WOODHILL DR</u>           | <input type="checkbox"/> Member            | Address: _____                       |
| <input type="checkbox"/> Authorized Person  | <u>Suite 15</u><br><u>W. Myrtle St 19808</u> | <input type="checkbox"/> Authorized Person | _____                                |
| <input type="checkbox"/> Other _____        | <input type="checkbox"/> Other _____         | <input type="checkbox"/> Other _____       | <input type="checkbox"/> Other _____ |

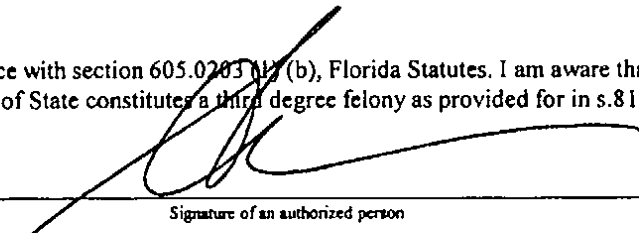
|   |  |  |                                      |
|---|--|--|--------------------------------------|
| <input type="checkbox"/> Manager                      | Name: <u>Anthony Fuschi</u>              | <input type="checkbox"/> Manager           | Name: _____                          |
| <input type="checkbox"/> Member                       | Address: <u>4250 CUMMILL RD</u>          | <input type="checkbox"/> Member            | Address: _____                       |
| <input checked="" type="checkbox"/> Authorized Person | <u>Suite 201</u><br><u>1411 PA 17112</u> | <input type="checkbox"/> Authorized 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 Person | _____                                | <input type="checkbox"/> Authorized 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  
Anthony J Fuschi  
\_\_\_\_\_  
Typed or printed name of signer

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

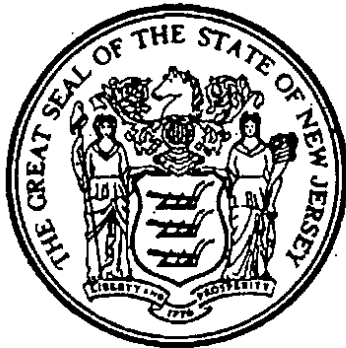
**SSN ABSECON LLC  
0450299947**

*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 24, 2018.*

*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:*

**PETER BHAI  
405 ABSECON BOULEVARD  
ABSECON, NJ 08201**



*IN TESTIMONY WHEREOF, I have  
hereunto set my hand and affixed  
my Official Seal at Trenton, this  
11th day of July, 2022*

**Elizabeth Maher Muoio  
State Treasurer**

2022 JUL 11 PM 12:31

Certificate Number : 6133698597

Verify this certificate online at

[https://www1.state.nj.us/TYTR\\_StandingCert/JSP/Verify\\_Cert.jsp](https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp)