9/1/22, 5:01 PM

M220000013761

Division of Corporations

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.

(((H22000302111 3)))

|||||||||||||||||||||||||||||||||||||||||||||||||||||||||||||||||||||||

H220003021113ABCM

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    : C T CORPORATION SYSTEM
        Account Number  : FCA000000023
        Phone           : (954)208-0845
        Fax Number      : (614)573-3996

**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
Orlando Taft Vineland Road LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	$155.00

Electronic Filing Menu   Corporate Filing Menu   Help

S. ROBERTS

SEP 02 2022

2022 SEP -2 PM 8:16

2022 SEP -2 PM 11:39

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. Orlando Taft Vineland Road 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. 88-3979540

      (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. 67 MOUNTAIN BLVD SUITE 201

      (Street Address of Principal Office)

WARREN, NEW JERSEY 07059

6. 67 MOUNTAIN BLVD SUITE 201

      (Mailing Address)

WARREN, NEW JERSEY 07059

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

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation _____ , Florida 33324
      (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.

C T Corporation System
By: Kaity Toon, Asst. Secy.
      (Registered agent's signature)

FILED 2022 SEP -2 AM 11:39 TALLAHASSEE, FL

CR2E047 (1-21-2020) Wolters Kluwer Online

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: MARTIN SEGAL	☐ Manager	Name: _____
☐ Member	Address: _____	☐ Member	Address: _____
☒ Authorized	67 MOUNTAIN BLVD SUITE 201	☐ Authorized	_____
Person	WARREN, NEW JERSEY 07059	Person	_____
☐ Other_____	☐ Other_____	☐ Other_____	☐ Other_____
☐ Manager	Name: _____	☐ Manager	Name: _____
☐ Member	Address: _____	☐ Member	Address: _____
☐ Authorized	_____	☐ Authorized	_____
Person	_____	Person	_____
☐ Other_____	☐ Other_____	☐ Other_____	☐ Other_____
☐ Manager	Name: _____	☐ Manager	Name: _____
☐ Member	Address: _____	☐ Member	Address: _____
☐ Authorized	_____	☐ Authorized	_____
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 third degree felony as provided for in s.817.155, F.S.

_____
Signature of an authorized person

Martin Segal
_____
Typed or printed name of signee

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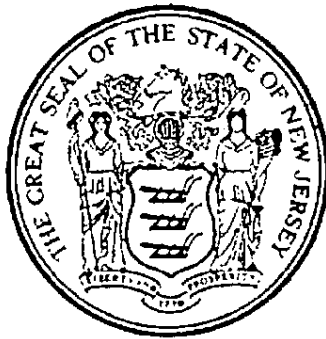## SHORT FORM STANDING

ORLANDO TAFT VINELAND ROAD LLC
0450856569

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 30, 2022.

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:

B&D INDUSTRIAL LLC
67 MOUNTAIN BLVD.
SUITE 201
WARREN, NJ 07059

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 1st day of September, 2022

Elizabeth Maher Muoio
State Treasurer

Certificate Number. 6135422689

Verify this certificate online at

https://www.1 state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp