

M22000018991

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

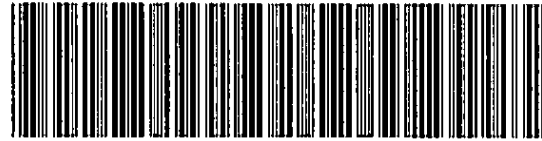
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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CLERK OF COURT
COURT HOUSE
JANUARY 10, 2023

DEC 21 2022
K. Brumble

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AYJ BUCHARD AVE 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:

REYNALD PASTEUR
Name of Person

AYJ BUCHARD AVE LLC
Firm/Company

14 Brighton Terrace
Address

IRVINGTON, NJ 07111
City/State and Zip Code

BENZ500@VERIZON.NET
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

REYNALD PASTEUR at (908) 531-6195
Name of Contact Person Area Code Daytime Telephone Number

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

AYS BUCHARD AVE 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. 22-3615337
(FEI number, if applicable)

4. 10/01/2022
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 2319 HEDGE GATE CT
(Street Address of Principal Office)

6. 2319 HEDGE GATE CT
(Mailing Address)

ORLANDO, FL 32828

ORLANDO, FL 32828

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

Name:

REYNALD PASTEUR

Office Address:

2319 HEDGE GATE CT

ORLANDO

(City)

, Florida

FL 32828

(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.

Reynald Pasteur
(Registered agent's signature)

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APPROVED
AND
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]:

Title or Capacity:

Name and Address:

Title or Capacity:

Name and Address:

☒ Manager

Name: REYNALD PASTEUR

☐ Manager

Name: _____

☐ Member

Address: 2319 HEDGE GATE CT.

☐ Member

Address: _____

☐ Authorized

ORLANDO, FL 32828

☐ Authorized

Person

REYNALD PASTEUR

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

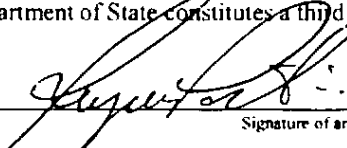
☐ Other

☐ 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
REYNALD PASTEUR

Typed or printed name of signee

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

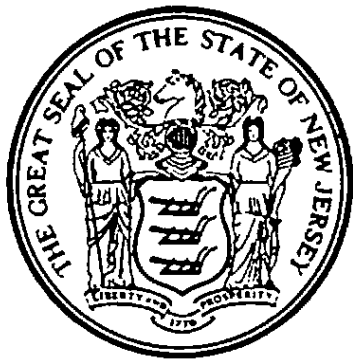
AYJ BUCHARD AVE LLC
0450253694

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 March 22, 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:

REYNALD PASTEUR
14 Brighton Terrace
Irvington, NJ 07111



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

Elizabeth Maher Muoio
State Treasurer

Certificate Number : 2678888966

Verify this certificate online at

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