# M23000002155

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



000389831440

2023 FEB 17 PH 12: 29

APPROVED

123 FEB 17 PM 2: (

ALLAHASSEE, FLORIG

FEB 1 8 2023 K. Brumbl≠y

**CAPITAL CONNECTION, INC.**417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

806 PEARL STREET LLC	— —
Please Debit 120000000257 For: 125	
Thank you Seth Neeley	
Stoff	Art of Inc. File
	LTD Partnership File
	Foreign Corp. File
	L.C. File
	Fictitious Name File
	Trade/Service Mark
	Merger File
	Art. of Amend. File
	RA Resignation
	Dissolution / Withdrawal
	Annual Report / Reinstatement
	Cert. Copy
	Phuto Copy
	Certificate of Good Standing
	Certificate of Status
	Certificate of Fictitious Name
	Corp Record Search
/ .	Officer Search
	Fictitious Search
Signature	Fictitious Owner Search
	Vehicle Search
	Driving Record
Requested by:	UCC 1 or 3 File
Name Date Time	UCC II Search
name Date time	UCC II Retrieval
Walk-In Will Pick Up	Courier

### **COVER LETTER**

Registration Section

TO:

BJECT:	806 Pearl Street LLC	
	Nar	me of Limited Liability Company
e enclosed stence, and	"Application by Foreign Limited Liability deheck are submitted to register the above	y Company for Authorization to Transact Business in Florida," Certi e referenced foreign limited liability company to transact business in
ase return a	all correspondence concerning this matter	to the following:
	Julie Ulland	
		Name of Person
	806 Pear Street LLC	
		Firm/Company
	5601 Chestnut Street	
		Address
	Mays Landing, NJ 08330	
		City/State and Zip Code
	julie@solutionmaxx.com	
	E-mail address: (to	be used for future annual report notification)
further inf	formation concerning this matter, please c	all:
Julie	e Ulland	609 513-0437
	Name of Contact Person	Area Code Daytime Telephone Number
	ing Address: istration Section	Street Address: Registration Section
	ision of Corporations	Division of Corporations
	. Box 6327	The Centre of Tallahassee
Tall	ahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Pleas	osed is a check for the following amount: se make check payable to: FLORIDA DE 125.00 Filing Fee \$\times\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$	Fee & 🔲 \$155.00 Filing Fee & 🖂 \$160.00 Filing Fee, Certific

## 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 HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

	name adopted for the purpose of transacting business in Flo	rida. The altern	ate name must include "Limited Liabi	lity Company," "I	"I"C," or	r"Li.C.")
New Jersey			-2369625			
(Jurisdiction under the law of v	which foreign limited liability company is organized)	J	(FEI number,	if applicable)		<del></del>
2/23/2023						
	(Date first transacted business in Florida, if prior to n (See sections 605 0904 & 605 0905, F.S. to determin	egistration ) ic penalty liabil	ity)			
5061 Chestnut St		560	01 Chestnut St			
Street Address of Principal Office)		6	(Mailing Address)			_
Mays Landing, NJ 08	3330	Ma	ys Landing, NJ 08330			
	<u>-</u>		<del></del> -	-		_
						_
None and street address	es of Florida revistand agents (D.O. Dov	NOT assess	atable)	E.S	2023	<del>-</del> -
. Name and street addre	ss of Florida registered agent: (P.O. Box	<u></u> <u>NOT</u> acce	ptable)	15: · 7: ·	2023 FEB	<del>-</del> 
. Name and <u>street addre</u>		NOT acce	ptable)	15: - - - - - - - - - - - - - - - - - - -	2023 FEB 1 7	
. Name and street addre  Name:	ss of Florida registered agent: (P.O. Box  Cheryl Wetzel	NOT acce	ptable)	100 mm m	2023 FEB   7 PI	FILED
Name:		NOT acce	ptable)	100 mm m	2023 FEB 17 PH 12:	
	Cheryl Wetzel 401 Lake Shore Dr. #605	NOT acce	<u> </u>	######################################	12: 2	FILED
Name:	Cheryl Wetzel	NOT acce	 		$\ddot{\sim}$	
Name:	Cheryl Wetzel 401 Lake Shore Dr. #605	NOT acce			12: 2	T FILED
Name: Office Address: egistered agent's accep	Cheryl Wetzel  401 Lake Shore Dr. #605  Lake Park  (Cuy)				12: 29	FILED
Name: Office Address: Registered agent's acceptions acceptions and a secondarial control of the	Cheryl Wetzel 401 Lake Shore Dr. #605  Lake Park  (Cuy)	rocess for i	33043, Florida(Zip code) the above stated limited lia	thility compa	12: 29	The place

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: Name: \_\_\_ Name: \_\_\_\_ □ Manager □Manager 5601 Chestnut St 5601 Chestnut St **⊠**Member Member Mays Landing, NJ 08330 Mays Landing, NJ 08330 ☐ Authorized □ Authorized Person Person □Other\_ □Other Other\_\_\_\_ □Other Fred Wetzel □Manager □Manager Name: 5841 Cedar St Member □Member Address: Mays Landing, NJ 08330 □ Authorized ☐ Authorized Person Person Other\_\_\_\_ □Other □Other □Other □ Manager Name: \_\_\_\_\_ □Manager Name: \_\_\_\_ □ Member Address: □Member Address: ☐ Authorized □Authorized Person Person Other\_\_\_\_ □Other\_\_\_ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed 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. Julie Wal Signature of an authorized person Julie Ulland

Typed or printed name of signee

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

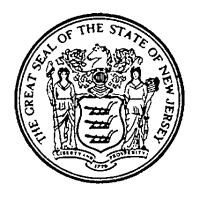
### **806 PEARL STREET LLC** 0450927099

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 February 15, 2023.

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:

JULIE ULLAND 5601 CHESTNUT STREET MAYS LANDING, NJ 08330



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 16th day of February, 2023

Elizabeth Maher Muoio State Treasurer

Certificate Number: 6140380633

Verify this certificate online at

https://www1.state.nj.us/TYTR\_StandingCert/JSP/Verify\_Cert.jsp