

M23000012175

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

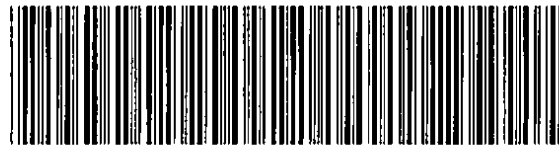
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**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

FJAZ Holdings LLC

**SUBJECT:** \_\_\_\_\_  
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:

Joel Matthews

\_\_\_\_\_  
Name of Person

FJAZ Holdings LLC

\_\_\_\_\_  
Firm/Company

151 Kingsberry Drive

\_\_\_\_\_  
Address

Somerset, NJ 08873

\_\_\_\_\_  
City/State and Zip Code

fjazholdings@gmail.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Finney Abraham

845

300-3899

\_\_\_\_\_  
Name of Contact Person at (\_\_\_\_\_) \_\_\_\_\_  
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 605.0602, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY  
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:*

FJAZ Holdings LLC

1. \_\_\_\_\_  
(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")  
New Jersey

2. \_\_\_\_\_ 3. \_\_\_\_\_  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

To be determined

4. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)  
7901 4th St N STE 300 7901 4th St N STE 15836

5. \_\_\_\_\_  
(Street Address of Principal Office)  
St. Petersburg, FL 33702

6. \_\_\_\_\_  
(Mailing Address)  
St. Petersburg, FL 33702

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

Registered Agents Inc

Name: \_\_\_\_\_  
7901 4th St N, STE 300

Office Address: \_\_\_\_\_  
St. Petersburg 33702  
\_\_\_\_\_, Florida \_\_\_\_\_  
(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.*

/s/ David Roberts

\_\_\_\_\_  
(Registered 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:**  
☒ Manager Name: Joel Matthews  
151 Kingsberry Drive  
☒ Member Address: Somerset, NJ 08873  
☒ Authorized  
Person  
☐ Other ☐ Other

☐ Manager Name:  
☐ Member Address:  
☐ Authorized  
Person  
☐ Other ☐ Other

☐ Manager Name:  
☐ Member Address:  
☐ Authorized  
Person  
☐ Other ☐ Other

**Title or Capacity:** **Name and Address:**  
☐ Manager Name: Finney Abraham  
670 Union Street  
☒ Member Address: Brooklyn, NY 11215  
☐ Authorized  
Person  
☐ Other ☐ Other

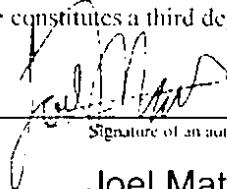
☐ Manager Name:  
☐ Member Address:  
☐ Authorized  
Person  
☐ Other ☐ Other

☐ Manager Name:  
☐ Member Address:  
☐ Authorized  
Person  
☐ 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

Joel Matthews

Typed or printed name of signee

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

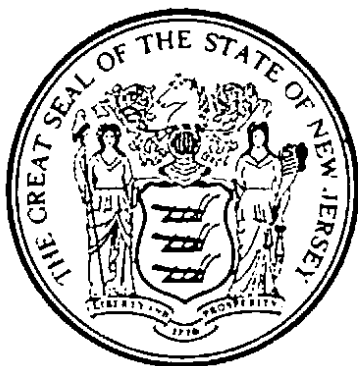
FJAZ HOLDINGS LLC  
0450839176

*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 July 19, 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:*

ANGELO BAGNARA  
65 MADISON AVENUE  
MORRISTOWN, NJ 07960



*IN TESTIMONY WHEREOF, I have  
hereunto set my hand and affixed  
my Official Seal at Trenton, this  
7th day of July, 2023*

Elizabeth Maher Muoio  
State Treasurer

Certificate Number : 6144623000

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)