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(Requestor's Name)

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(Address)

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(City/State/Zip/Phone #)

☐

PICK-UP

☐

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\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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2023 SEP 20 PM 4:08  
SECRETARY OF STATE  
TALLAHASSEE, FL

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** NJZ, 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:

Kevin P. Geaney

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

WCG Law Group, PLLC

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

21 High Street, Suite 208B

\_\_\_\_\_  
Address

North Andover, MA 01845

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

kgeaney@wcglawgroup.com

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

For further information concerning this matter, please call:

Kevin P. Geaney

617

978-482-7761

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
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 605.002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY  
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. NJZ, 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. Delaware 04-3545043  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. Not applicable  
(Date first transacted business in Florida, if prior to registration)  
(See sections 605.0901 & 605.0905, F.S. to determine penalty liability.)

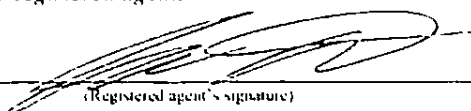
5. 450 Launch Circle, Unit 401  
(Street Address of Principal Office)  
Naples, FL 34108  
6. 450 Launch Circle, Unit 401  
(Mailing Address)  
Naples, FL 34108

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

Name: James N. Passios  
Office Address: 450 Launch Circle, Unit 401  
Naples, Florida 34108  
(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.

  
(Registered agent's signature)

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2023 SEP 20 PM 4:08  
SECRETARY OF STATE  
TALLAHASSEE, FL

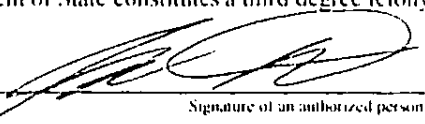
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<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: James N. Passios	<input type="checkbox"/> Manager	Name: _____
<input checked="" type="checkbox"/> Member	Address: 450 Launch Circle, Unit 401	<input type="checkbox"/> Member	Address: _____
<input checked="" type="checkbox"/> Authorized	Naples, FL 34108	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: Nicholas T. Passios	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: 22 Bel Air Road	<input type="checkbox"/> Member	Address: _____
<input checked="" type="checkbox"/> Authorized	Hingham, MA 02043	<input type="checkbox"/> Authorized	_____
Person	_____	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	_____	<input type="checkbox"/> Authorized	_____
Person	_____	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.

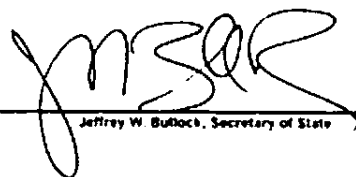
  
 \_\_\_\_\_  
 Signature of an authorized person  
 James N. Passios  
 \_\_\_\_\_  
 Typed or printed name of signee

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF  
DELAWARE, DO HEREBY CERTIFY "NJZ, LLC" IS DULY FORMED UNDER THE  
LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A  
LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF  
THE TWENTY-EIGHTH DAY OF AUGUST, A.D. 2023.



Jeffrey W. Bullock, Secretary of State

7603274 8300

SR# 20233309645

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

Authentication: 204051809

Date: 08-28-23