

M240000007794

(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:

W24-72469

Office Use Only



500427854565

04/18/24--01010--006 **160.00

05/19/24--01009--013 **638.75

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
24 JUN 17 PM 4:56



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 9, 2024

ROBERT SCHECHTER
12 GRAND POINTE WAY
SEA BRIGHT, NJ 07760 US

SUBJECT: TOTALCAPTION LLC
Ref. Number: W24000072469

We have received your document for TOTALCAPTION LLC and check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

According to the application submitted to this office, this entity transacted business in the state of Florida before properly registering with the Florida Department of State, Division of Corporations. Consequently, a \$500 civil penalty and an annual report filing fee for each year the entity failed to properly file a Florida annual report are due this office. Based on the date entered on the application, the civil penalty and annual report filing fees total \$638.75.

Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence or certificate of good standing, which usually consists of a single sheet of paper that clearly reflects the entity is a valid entity in its home state/country. You can obtain the certificate of existence or certificate of good standing from the same office that provided you with the certified copy.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Ariel Jones
Regulatory Specialist II

Letter Number: 124A00010162

COVER LETTER

TO: Registration Section
Division of Corporations

TotalCaption

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:

Robert Schechter

Name of Person

TotalCaption LLC

Firm/Company

12 Grand Pointe Way

Address

Sea Bright, NJ 07760

City/State and Zip Code

bob@totalcaption.com

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

For further information concerning this matter, please call:

Robert Schechter

201

3012435

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 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. TOTALCAPTION 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 3. 203516002
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 9/6/2023
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 12 Grand Pointe Way 6. 12 Grand Pointe Way
(Street Address of Principal Office) (Mailing Address)

Sea Bright, NJ 07760

Sea Bright, NJ 07760

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

Name: Registered Agents Inc

Office Address: 7901 4th St N STE 300

St. Petersburg, Florida 33702
(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.

Dan Jones

(Registered agent's signature)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
24 JAN 17 PM 4:56

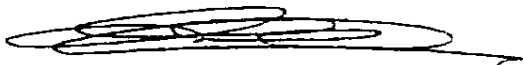
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: <u>Robert Schechter</u>	<input type="checkbox"/> Manager	Name: <u>Lauren Schechter</u>
<input type="checkbox"/> Member	Address: <u>12 Grand Pointe Way</u>	<input type="checkbox"/> Member	Address: <u>12 Grand Pointe Way</u>
<input checked="" type="checkbox"/> Authorized	<u>Sea Bright, NJ 07760</u>	<input checked="" type="checkbox"/> Authorized	<u>Sea Bright, NJ 07760</u>
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 _____
 <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

Robert Schechter

Typed or printed name of signer

STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
DIVISION OF REVENUE AND ENTERPRISE SERVICES
LONG FORM STANDING WITH CHARTER DOCUMENTS

TOTALCAPTION, LLC
0600247419

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 September 13, 2005.

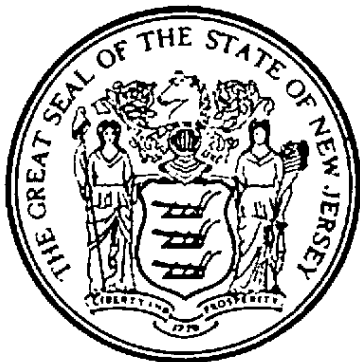
As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and office are:

LAUREN SCHECHTER
12 GRAND POINTE WAY
SEA BRIGHT, NJ 07760

I further certify that as of the date of this certificate, the following amendments and changes are on file in this office:

CHANGE OF REGISTERED OFFICE	08/14/2023
Annual Report filing with officer/member change	08/14/2023
Annual Report Filing with address change	08/14/2023



IN TESTIMONY WHEREOF, I have
hereunto set my hand and affixed
my Official Seal at Trenton, this
11th day of April, 2024

Elizabeth Maher Muoio
State Treasurer