

M24000009263

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

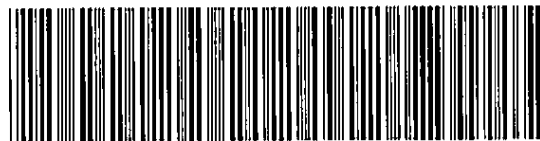
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer.

Office Use Only



300433023943

07/17/24--01009--006 **130.00

RECEIVED

JUL 16 2024



2024 JUL 15 PM 12:10

12:10 PM

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: APT/NJT Realty 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:

Christopher J. Trakas
Name of Person

Firm/Company

50 Meadowview Road
Address

Milton, MA 02186
City/State and Zip Code

cjtrakas@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Christopher J. Trakas at 617 697-5555
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 & ☐ \$155.00 Filing Fee & ☐ \$160.00 Filing Fee, Certificate
Certificate of Status Certified Copy 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. APTJUST Realty LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "L.L.C.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "L.L.C.")

2. Massachusetts 3. 99-3128081
(Jurisdiction under the law of which foreign limited liability company is organized) (FPI number, if applicable)

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

5. 50 Meadowview Road 6. 50 Meadowview Road
(Street Address of Principal Office) (Mailing Address)
Milton, MA 02186 Milton, MA 02186

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

Name: Christopher J. Trakas
Office Address: 9950 S. Ocean Drive Unit 1903
Jensen Beach, Florida 34957
(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.

Christopher J. Trakas
(Registered agent's signature)

2024 JUL 16 PM 12:12

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]:

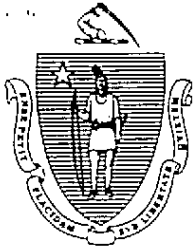
<u>Title or Capacity:</u>		<u>Name and Address:</u>		<u>Title or Capacity:</u>		<u>Name and Address:</u>	
<input type="checkbox"/> Manager	Name:	<u>Christopher J. Trakas</u>	<input type="checkbox"/> Manager	Name:	<u>Jennifer M. Trakas</u>		
<input checked="" type="checkbox"/> Member	Address:	<u>50 Meadowview Rd.</u>	<input checked="" type="checkbox"/> Member	Address:	<u>49 Meadowview Road</u>		
<input type="checkbox"/> Authorized		<u>Milton, MA 02186</u>	<input type="checkbox"/> Authorized		<u>Milton, MA 02186</u>		
Person			Person				
<input type="checkbox"/> Other		<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other		<input type="checkbox"/> Other	
<input type="checkbox"/> Manager	Name:	<u>John N. Trakas</u>	<input type="checkbox"/> Manager	Name:	<u>Elizabeth M. Lentine</u>		
<input checked="" type="checkbox"/> Member	Address:	<u>50 Alder Road</u>	<input checked="" type="checkbox"/> Member	Address:	<u>70 Fletcher Road</u>		
<input type="checkbox"/> Authorized		<u>Westwood, MA 02090</u>	<input type="checkbox"/> Authorized		<u>N. Kingstown, RI 02852</u>		
Person			Person				
<input type="checkbox"/> Other		<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"/> 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.

Christopher J. Trakas
Signature of an authorized person
Christopher J. Trakas
Typed or printed name of signee



William Francis Galvin
Secretary of the
Commonwealth

The Commonwealth of Massachusetts
Secretary of the Commonwealth
State House, Boston, Massachusetts 02133

June 24, 2024

TO WHOM IT MAY CONCERN:

I hereby certify that a certificate of organization of a Limited Liability Company was filed in this office by

APTNET REALTY LLC

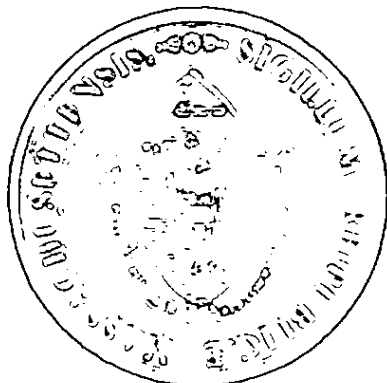
in accordance with the provisions of Massachusetts General Laws Chapter 156C on **May 31, 2024.**

I further certify that said Limited Liability Company has filed all annual reports due and paid all fees with respect to such reports; that said Limited Liability Company has not filed a certificate of cancellation; that there are no proceedings presently pending under the Massachusetts General Laws Chapter 156C, § 70 for said Limited Liability Company's dissolution; and that said Limited Liability Company is in good standing with this office.

I also certify that the names of all managers listed in the most recent filing are:
CHRISTOPHER J TRAKAS, JENNIFER M TRAKAS, JOHN N TRAKAS, ELIZABETH M LENTINE

I further certify, the names of all persons authorized to execute documents filed with this office and listed in the most recent filing are: **CHRISTOPHER J TRAKAS, JENNIFER M TRAKAS, JOHN N TRAKAS, ELIZABETH M LENTINE**

The names of all persons authorized to act with respect to real property listed in the most recent filing are: **CHRISTOPHER J TRAKAS, JENNIFER M TRAKAS, JOHN N TRAKAS, ELIZABETH M LENTINE** In testimony of which,



I have hereto affixed the
Great Seal of the Commonwealth
on the date first above written.

William Francis Galvin
Secretary of the Commonwealth