

Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
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DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**Foreign Limited Liability Company  
FORTUNE METAL (MIDWEST) LLC**

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	<b>\$130.00</b>

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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. FORTUNE METAL (MIDWEST) 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. Illinois (Jurisdiction under the law of which foreign limited liability company is organized)
3. 20-0082095 (F.L.I. 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. 3800 Inman Road (Street Address of Principal Office)
St. Augustine, FL 32084
6. 900 Leesville Ave (Mailing Address)
Rahway, NJ 07065

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

Name: Mark Matza
Office Address: 3800 Inman Road
St. Augustine, Florida 32084
(City) (Zip code)

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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.

mark matza
(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]:

<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>NJN Holding Company LLC</u>	<input type="checkbox"/> Manager	Name: <u>Mark Matza</u>
<input checked="" type="checkbox"/> Member	Address: <u>900 Leesville Ave</u>	<input checked="" type="checkbox"/> Member	Address: <u>2569 N. 3653rd Road</u>
<input type="checkbox"/> Authorized	<u>Rahway, NJ 07065</u>	<input type="checkbox"/> Authorized	<u>Sheridan, IL 60551</u>
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: <u>Brian Matza</u>	<input type="checkbox"/> Manager	Name: <u>Chris Matza</u>
<input checked="" type="checkbox"/> Member	Address: <u>1033 Kent Ave</u>	<input checked="" type="checkbox"/> Member	Address: <u>3940 N. Ashland Ave, Apt 1N</u>
<input type="checkbox"/> Authorized	<u>Park Ridge, IL 60068</u>	<input type="checkbox"/> Authorized	<u>Chicago, IL 60631</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 _____

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.

*mark matza*

Signature of an authorized person

Mark Matza

Typed or printed name of signer

File Number 0095580-9



**To all to whom these Presents Shall Come, Greeting:**

*I, Alexi Giannoulas, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that*

FORTUNE METAL (MIDWEST) LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON JULY 09, 2003, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.

***In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 28TH day of SEPTEMBER A.D. 2024 .***



Authentication #: 2427201008 verifiable until 09/28/2025  
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*Alexi Giannoulas*  
SECRETARY OF STATE