

M24 0000 13353

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

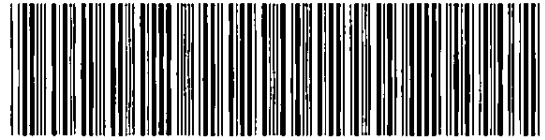
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400437459484

10/07/24--01031--018 **130.00

010317 7-100000
10/07/24 10:03:17
10/07/24 10:03:17

COVER LETTER

**TO: Registration Section
Division of Corporations**

Charles C. Goldman, 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:

Deborah L. Goldman, Esq.

Name of Person

Law Offices of Deborah Goldman, PLLC

Firm/Company

250 West 89th St. #8J

Address

New York, NY 10024

City/State and Zip Code

debgoldman68@gmail.com

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

For further information concerning this matter, please call:

Deborah Goldman

917

880-2554

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 & ☐ \$155.00 Filing Fee &
Certificate of Status 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. Charles C. Goldman, 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. 13-4101607
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI 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. c/o Charles C. Goldman 6. c/o Deborah Goldman, Esq.
(Street Address of Principal Office) (Mailing Address)

7348 Maple Ridge Trail 250 West 89th St. #8J
Boynton Beach, FL 33437 New York, NY 10024

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

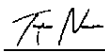
Name: Northwest Registered Agent LLC

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.


(Registered agent's signature)

RECEIVED
2007 OCT -7 AM 10:10
CLERK OF COURT
CLERK OF COURT

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: Charles C. Goldman
☐ Member Address: 7348 Maple Ridge Trail
☐ Authorized Boynton Beach, FL 33437
Person
☐ Other ☐ Other

☐ Manager Name: Benjamin Goldman
☐ Member Address: 5 Fox Lane
☒ Authorized Lattingtown, NY 11560
Person
☐ Other ☐ Other

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

Title or Capacity: Name and Address:
☐ Manager Name: Deborah L. Goldman
☐ Member Address: 250 West 89th St. #8J
☒ Authorized New York, NY 10024
Person
☐ Other ☐ Other


☐ Manager Name: Kenneth David Goldman
☐ Member Address: 46 N. Clover Drive
☒ Authorized Great Neck, NY 11021-1037
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

Deborah L. Goldman

Typed or printed name of signee

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

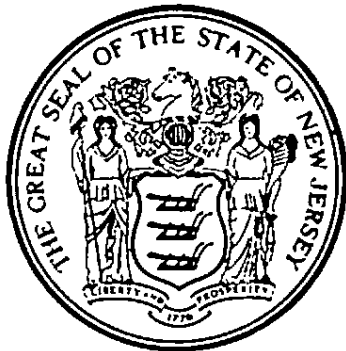
CHARLES C. GOLDMAN, LLC
0600079875

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 December 14, 1999.

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:

PAUL ROLNICK CPA, LLC
1415 QUEEN ANNE ROAD
TEANECK, NJ 07666



*IN TESTIMONY WHEREOF, I have
hereunto set my hand and affixed
my Official Seal at Trenton, this
25th day of September, 2024*

Elizabeth Maher Muoio
State Treasurer

Certificate Number : 6157444626

Verify this certificate online at

https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp