

M25000000937

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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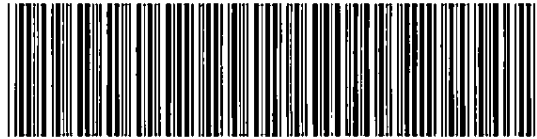
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DIVISION OF CORPORATIONS

2025 JAN 15 PM 3:09

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-54372
(850) 524-6243

Please use funds from the account I20210000160: \$130.00

Authorization Signature 

SRG Advisors LLC

Business

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NEW FILINGS

 Profit
 Not for Profit
X LLC
 Domestication
 INC
 CORP
 OTHER

AMENDMENTS

 Amendment
 Resignation of R.A.
 Change of Registered Agent
 Revocation of Dissolution
 Conversion
 Statement of Authority
 Merger
 Amended and Restated Articles

OTHER FILINGS

 TRANSMITTAL LETTER
 Fictitious Name
 Statement of Authority
 APOSTIL
 COUNTRY

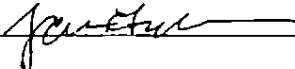
REGISTRATION/QUALIFICATIONS

X Foreign Filing
 Partnership
 Reinstatement
 Statement of CORRECTION
 Domestication of a Foreign Corp.
 Other

EXAMINER'S INITIALS:

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____ Domestication of a Foreign Corp.
____ Other

EXAMINER'S INITIALS: _____

**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. SRG Advisors 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. 22-3394133
(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. 1 University Plaza DR Ste 311 6. 1 University Plaza DR Ste 311
(Street Address of Principal Office) (Mailing Address)

Hackensack, NJ 07601

Hackensack, NJ 07601

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

Name: Leon Schenker

Office Address: 9273 Collins Ave Ste 1012

Surfside 33154
(City) Florida (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.

Leon Schenker

(Registered agent's signature)

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DIVISION OF CORPORATIONS
25 JAN 16 PM 12:52

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: Leon Schenker

☒ Member Address: 9273 Collins Ave Ste 1012

☒ Authorized _____

Person Surfside, FL 33154

☐ Other _____ ☐ Other _____

☒ Manager Name: Jay Guttman

☒ Member Address: 1362 Mercedes St.

☒ Authorized _____

Person Teaneck, NJ 07666

☐ Other _____ ☐ Other _____

☐ Manager Name: Heather Fineman

☒ Member Address: 587 Grenville Ave

☐ Authorized _____

Person Teaneck, NJ 07666

☐ Other _____ ☐ Other _____

Title or Capacity: **Name and Address:**

☐ Manager Name: Joshua Goldstein

☒ Member Address: 1 University Plaza Dr

☐ Authorized Ste 311

Person Hackensack, NJ 07601

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

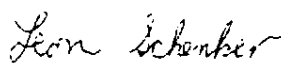
Person _____

☐ 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

Leon Schenker

Typed or printed name of signer

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

SRG ADVISORS LLC
0600020852

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 July 12, 1995.

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:

LEON SCHENKER
ONE UNIVERSITY PLAZA
SUITE 311
HACKENSACK, NJ 07601



*IN TESTIMONY WHEREOF, I have
hereunto set my hand and affixed
my Official Seal at Trenton, this
15th day of January, 2025*

Elizabeth Maher Muoio
State Treasurer

Certificate Number : 6160744998

Verify this certificate online at

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