



New Jersey Office of the Attorney General

Division of Consumer Affairs
Office of Consumer Protection
Regulated Business Section
124 Halsey Street, 7th Floor, P.O. Box 45028
Newark, NJ 07101
(973) 504-6370

Application for Registration as a Seller of Health Club Services

The person below hereby applies for registration with the Division of Consumer Affairs as a seller of health club services and submits in support thereof the following:

Section 1: General Information

1. Health Club name: _____
(Name Health Club will use)

A. Business name: _____
(Corporate Name, LLC, Inc, etc. - If different from Health Club Name) (If N/A write N/A)

B. Alternate name: _____
(If Applicable)

2. Health Club address: _____
Street (no post office boxes) City State ZIP code County

Telephone number: _____ Fax number: _____
(include area code) (include area code)

Mailing address: _____
(If different from club's address.) Street (no post office boxes) City State ZIP code

Telephone number: _____ E-mail address: _____
(include area code)

3. Indicate the type of business you own.

- Sole Proprietorship: Attach a copy of the business' Trade Name Certificate. Refer to Sample #1 or #2.
- Partnership: Attach a copy of the business' Trade Name Certificate. Refer to Sample #1 or #2.
- Corporation: Attach a copy of the business' Certificate of Incorporation. Refer to Sample #3, #4 or #5.
- Limited Liability Co.: Attach a copy of the business' Certificate of Formation. Refer to Sample #5, #6 or #7.
- Limited Liability Partnership: Attach a copy of your Certificate of Formation. Refer to Sample #5, #6 or #7.

Additional Requirements

Out-of-State Corporation: Attach a copy of the business' New Jersey Certificate of Authority and the formation documents from your home state. Refer to Sample #9.

Alternate Name: Attach a copy of the business' Registration of Alternate Name Form C-150G. Refer to Sample #8.

Contact your local county clerk's office to obtain a Trade Name Certificate.

Contact the N.J. Department of the Treasury, Division of Revenue, at (609) 292-9292, if the business is a corporation.

Refer to the samples.

4. Please check all that apply to the application being submitted:

- The Health Club intends to sell or offer for sale health club services before the club is open for business (see section 2B).
- The application is for the registration of an existing health club facility that was/will be acquired by the applicant. (Include a copy of the membership transfer/sales agreement along with your application.)
- The application for the re-registration of an existing health club where there has been a change in the majority ownership of the stock of the corporate owner. (If the applicant will do/does business under a different trade name than previously on record with our office, submit a copy of the registration of alternate name filed with the secretary of state.)
- The applicant presently offers health club services at other New Jersey locations (see section 2A).
Number of locations: _____
- The health club facility is a franchise. Franchisor: _____
(Attach a copy of the franchise agreement.)

5. Is the sole proprietor in default of a New Jersey or federal direct or guaranteed educational loan? If "Yes," the business' registration will be denied until you provide the Division with a written release issued by the lenders or guarantors stating that you have cured the default or are making payments on the loan in accordance with a repayment agreement approved by the lender or guarantor.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
6. Is the sole proprietor the subject of a child-support warrant or has the applicant failed to pay a court-ordered child-support obligation in an amount equal to or more than the amount of child support payable for six months, failed to pay any court-ordered health care coverage for the past six months or failed to respond to a subpoena relating to a paternity or child-support proceeding? If "Yes," the business' registration will be denied until you submit a certification from the court or the Probation Division that the conditions that resulted in the denial have been satisfied.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
7. Check the appropriate box that indicates the sole proprietor's citizenship/immigration status. If you are a sole proprietor and not a U.S. citizen, submit a copy of your immigration documents.	<input type="checkbox"/> U.S. Citizen	<input type="checkbox"/> Alien Lawfully admitted for permanent residence in U.S.	<input type="checkbox"/> Other

8. Provide the business' Federal Employer Identification Number **and** provide **your** Social Security number.

A. Federal Employer Identification Number (FEIN) - -

B. Social Security number - -

FEIN - If you are not sure whether your business requires a Federal Employer Identification Number (FEIN), call 609-292-9292 or call 1-800-829-4933. If you do not have a FEIN, you may now obtain one, on-line, at www.irs.gov.

*Pursuant to N.J.S.A. 54:50-24 et seq. of the New Jersey taxation law, N.J.S.A. 2A:17-56.44e of the New Jersey Child Support Enforcement Law, Section 1128E(b)(2)A of the Social Security Act and 45 C.F.R. 60.7, 60.8 and 60.9, the Office of Consumer Protection is required to obtain your Social Security number. Pursuant to these authorities, the Office of Consumer Protection is also obligated to provide your Social Security number to:

- a. the Director of Taxation to assist in the administration and enforcement of any tax law, including for the purpose of reviewing compliance with State tax law and updating and correcting tax records; and
- b. the Probation Division or any other agency responsible for child-support enforcement, upon request.

9. List the full name, home and business street address and business telephone number of each owner, officer, director, principal and person with an ownership interest of 10 percent or more in the business and the percentage of ownership held. If the applicant is a partnership, each member of the partnership must be listed. (Use additional sheets of paper if necessary.)

Please print clearly.



You must indicate
Percentage of Ownership
_____ %

Name and title

Business street address City State ZIP code

Home street address City State ZIP code

Business telephone number (include area code)



You must indicate
Percentage of Ownership
_____ %

Name and title

Business street address City State ZIP code

Home street address City State ZIP code

Business telephone number (include area code)



You must indicate
Percentage of Ownership
_____ %

Name and title

Business street address City State ZIP code

Home street address City State ZIP code

Business telephone number (include area code)



Section 2: Facilities in Operation and Prospective Opening

A. Facilities in Operation

If the applicant presently offers health club services at other New Jersey locations besides the health club facility stated in section 1, state the following for each facility:

1.) _____
Name of Health Club Name of Manager

Address Telephone number (include area code)

Fiscal years runs from _____ to _____ .

Gross income for last year at this location _____
(May be omitted if you have posted the maximum security of \$50,000.)

Approximate number of members _____

Date opened for business ____ / ____ / ____

2.) _____
Name of Health Club Name of Manager

Address Telephone number (include area code)

Fiscal years runs from _____ to _____ .

Gross income for last year at this location _____
(May be omitted if you have posted the maximum security of \$50,000.)

Approximate number of members _____

Date opened for business ____ / ____ / ____

B. Prospective Opening

If the applicant is offering or will offer for sale health club services at the health club facility stated in section 1, before this facility is fully operational, please answer the questions below.

What is the estimated date of opening for the facility? _____

When will the public solicitation or advertising begin? _____

When will the pre-sale begin? _____

For what period of time will the pre-sale extend? _____

Do members have access to the health club services at the current facility or at other facilities before the opening date?
 Yes No

If "Yes," please explain (attach additional sheets of paper if necessary): _____

Section 3: Financial Security

A. Security Requirements and Exemption

Pursuant to N.J.S.A. 56:8-41, a person who sells or offers for sale health club services shall, for each health club facility operated in the State, maintain a bond issued by a surety authorized to transact business in this State or maintain an irrevocable letter of credit by a bank or maintain with the director securities, moneys, or other security acceptable to the director.

If you sell or offer for sale health club services with terms in excess of three months or take more than three months' payment in advance, you must comply with the security requirements above.

Applicant may claim exemption from the security requirements if he/she sells or offers for sale health club services in which the buyer of health club services purchases or becomes obligated to purchase services to be rendered over a period no longer than three months and in which the seller does not require or collect more than three months' payment in advance.

Please list all membership terms you will be offering (e.g., 12 months, 3 months) _____

Do you claim exemption from the security requirements? Yes No

If "Yes," you must file a formal declaration of exemption, executed under penalty of perjury within 30 days following the effective date of the law, which was December 10, 1987. The declaration of exemption must be repeated every two years and filed no later than January 15th of every even-numbered year. You must still register and pay a registration fee even if you file a declaration of exemption.

If "No," what type of security will you be posting (bond, etc.)? _____

Section 4: Registration Fee

Any person who offers for sale or sells health club services shall pay to the Director of the Division of Consumer Affairs a registration fee of \$300 every two years for each health club facility operated, or \$150 if the fee is paid during the second half of the biennial renewal period. All registrations shall expire every two years on the 10th of February. Please make the check or money order payable to the "Divison of Consumer Affairs" and send it with all application forms to:

Division of Consumer Affairs, Regulated Business - Health Clubs
124 Halsey Street Street, Newark, New Jersey 07102

CERTIFICATION

The Division does not review contracts, unless the contract is being submitted to secure a declaration of exemption from security requirements. Please note and comply with the statutory and regulatory requirements. Failure to do so will subject you to any action the Division deems appropriate.

I, as a principal officer of the business, understand that this application for registration will be accepted and the registration issued only if the requirements of the Consumer Fraud Act ("Act"), N.J.S.A. 56:8-39 et. seq., and the regulations promulgated under the Act have been met.

I certify that the business and each of its officers, directors, principals and persons with an ownership of 10 percent or more in the applicant are capable of discharging the functions of a registrant in a manner consistent with the public's health, safety and welfare.

I certify that all of the information provided in connection with this application is true to the best of my information, knowledge and belief. I understand that any omissions, inaccuracies or failure to make full disclosures may be deemed sufficient to deny registration or to withhold renewal of or suspend or revoke a registration issued by the Division of Consumer Affairs ("the Division").

I agree to cooperate fully with any request by the Attorney General or the Division to provide any assistance or information and to produce any records requested by the Division, and to cooperate in any inquiry, investigation or hearing conducted by the Division.

You must complete all five lines below.

Business name of applicant

Your name (please print clearly)

Your signature

Your title

Date

Any changes, additions or deletions to the information you have provided must be submitted to the address listed below within 20 days.

Please submit:

- (1) A completed application – all of the questions must be answered.
- (2) A nonrefundable check or money order in the amount of \$300.00/\$150.00 made payable to the N.J. Division of Consumer Affairs.
- (3) Proof of bond required by N.J.A.C. 13:45A-25.5.
- (4) Attach the corporate document(s).
- (5) Attach any other documents required by questions number 1(b), 3, 5, 6 and 7.

Mailing Address:

**State of New Jersey
Division of Consumer Affairs
Regulated Business Section
Health Clubs
124 Halsey Street, 7th Floor
P.O. Box 45028
Newark, NJ 07101**



New Jersey Office of the Attorney General

Division of Consumer Affairs
Office of Consumer Protection
Regulated Business Section
124 Halsey Street, 7th Floor, P.O. Box 45028
Newark, NJ 07101
(973) 504-6370

Declaration of Exemption from Security Requirements

To: The Director of the Division of Consumer Affairs, Department of Law and Public Safety

I hereby apply for exemption from the bond/letter of credit security requirement under N.J.S.A. 56:8-41.

1. Name: _____ Title: _____

Company: _____

Address: _____

Street (no post office boxes)

City

State

ZIP code

2. This declaration is made on behalf of the following health club facility:

Name: _____

Address: _____

Street (no post office boxes)

City

State

ZIP code

Telephone number: _____
(include area code)

3. The above health club facility where health club services are sold is exempt from the security requirements because:

Option 1

The seller does not sell or offer for sale health club services in which the buyer purchases or becomes obligated to purchase health club services to be rendered over a period longer than three (3) months and collects no more than (3) months payment in advance.

or

Option 2

The seller offers for sale contracts for more than (3) months charging a fee for one month at a time and the contract states that it is voidable by the consumer if the health club closes for more than (30) consecutive days.

CERTIFICATION OF DECLARATION OF EXEMPTION

I hereby certify under penalty of perjury that I am authorized to submit this declaration on behalf of:

Name of Health Club: _____

Address of Health Club: _____

Street (no post office boxes)

City

State

ZIP code

Print Name: _____ Print Title: _____

I further certify that all of the information contained in this declaration is true and correct, and that attached to this declaration is a true and correct copy of the contract we use or intend to use. I understand that I am obligated to notify the Director of the Division of Consumer Affairs immediately upon the change of any of the information provided in this declaration. I further understand that if this facility changes the attached contract so as to obligate buyers to purchase services to be rendered over more than three months or so as to require more than three months' payment in advance, I will be responsible for providing a bond, irrevocable letter of credit, or security in an amount equal to 10% of the health club's gross income for the previous fiscal year, with a minimum amount of \$25,000 and a maximum amount of \$50,000.

I certify that the foregoing statements made by me are true. I am aware that if any of the statements are willfully false, I am subject to punishment.

_____ Date

_____ Signature

For information on documentation issued by the State of New Jersey call **609-292-9292** or visit **www.state.nj.us/njbgs**.
 For information on a **Trade Name Certificate** issued in New Jersey contact your local county clerk's office.
 For information on documentation issued by another state or jurisdiction, contact the issuing authority for a copy of the document(s).

N.J. TRADE NAME CERTIFICATE

OUT-OF-STATE TRADE NAME CERTIFICATE

Sample #1

OCEAN COUNTY CLERK'S OFFICE
N.J. CERTIFICATE OF TRADE NAME

CARL W. BLOCK, COUNTY CLERK
 Ocean County Courthouse
 P.O. Box 2191, TOMS RIVER, NJ, 08754-2191
 (732) 929-2018 1-800-722-0291
 www.oceancountyclerk.com

This is to certify that:
 The following statement is made by the undersigned pursuant to the provisions of N.J.R.S. 56:1-1 et seq. ("Business and Partnership Names").

- The name under which the business is now or is about to be conducted is Ocean Home Improvement
- The nature of the business is Home Improvement
- The address where the said business is now or is about to be conducted is 1200 Ocean Blvd, Toms River, NJ 08753
- The full name and residence or post-office address of each person connected with the said business as a member of the firm, partner or owner conducting or about to conduct the said business is
Joseph R. Harg
3000 Ocean Blvd
Toms River, NJ 08753

Business Telephone No. () 732-428-1600

The person or partners or members of the firm or partnership conducting or transacting the said business, who are not resident in this State, do hereby constitute the Clerk of the County wherein nonresident person or persons, partner or partners upon whom all original process may be served (a) in an action or legal proceeding against said firm or partnership of (b) in an action against said person or persons for any debt, damages or liability contracted or incurred by them in or growing out of the conduct or transaction of said business. It is agreed that such original process which may be served upon the County Clerk shall be of the same force and validity as if served upon said nonresident person or persons, partners or members of the firm or partnership. The authority hereof shall as to such nonresidents, continue in force so long as they shall do, conduct or transact the said business in this State under such name.

Witnessed by: Joseph R. Harg

Dated: 8/12/09

State of New Jersey } ss.: JAMES DICICCIANO
 County of Ocean } County Clerk

who I am satisfied is/are the person(s) who has/have personally appeared before me and, after being sworn, has/have certified that the statements contained therein are true.

NOTICE
 The filing of this Trade Name Certificate does not preclude the use of this name by an incorporated entity.

Note: The appearance of these documents may vary depending on the state and county of origin.

Sample #2

CORPORATION BUREAU
DEPARTMENT OF STATE
308 NORTH OFFICE BUILDING
HARRISBURG, PENNSYLVANIA 17120

REGISTRATION FILING FEE: Corporate \$40.00
 Individual \$25.00
 Check Enclosed
 Charge Account #

In compliance with the requirements of Section 311 of Act 1982-295 (54 Pa. C.S. §311), this undersigned entity/ies) desiring to carry on or conduct a business in this Commonwealth under an assumed or fictitious name, style or designation, does (do) hereby certify that:

- Fictitious Name: Home Improvement Co (County) PA
- Address of the principal place of business, including street and number: 1200 Ocean Blvd, Toms River, NJ 08753
- Brief statement of the character or nature of the business: Home Improvement
- Individual or individuals interested in the business: (name and address)
 NAME: Joseph R. Harg NUMBER: 000 STREET: 1200 Ocean Blvd CITY: Toms River STATE: NJ ZIP CODE: 08753
- Entity other than an individual interested in the business:
 FORM OF ENTITY: _____ ORGANIZING JURISDICTION: _____ ADDRESS IN JURIS: _____ REGISTERED OFFICE (if any): _____
- I am familiar with the provisions of Section 332 of the Fictitious Names Act and understand that filing under the Act does not create any exclusive or other right to the fictitious name.
- Agent, if any, authorized to execute amendments, withdrawals, or cancellations.

IN TESTIMONY WHEREOF, the undersigned have caused this registration to be executed this 17 day of September, 19 09.

Joseph R. Harg Individual
James J. Blaylock Individual
 Corporate Seal Name of Corporation
 Secretary or Assistant Secretary President or Vice President
 Corporate Seal Name of Corporation
 Secretary or Assistant Secretary President or Vice President

FOR OFFICE USE ONLY			
030 FILED	002 CODE	003 REV BOX	SEQUENTIAL NO.
SEP 22 1988	REVIEWED BY	004 SIC	AMOUNT
	DATE APPROVED		\$
	DATE REJECTED	CERTIFY TO	LOG IN
		<input type="checkbox"/> REV.	LOG IN (REFILE)
	MAILED BY DATE	<input type="checkbox"/> L & I	VERIFIED BY
		<input type="checkbox"/> OTHER	LOG OUT
			LOG OUT (REFILE)

James J. Blaylock
 Secretary of the Commonwealth
 Department of State
 Commonwealth of Pennsylvania

CERTIFICATE OF INCORPORATION

Sample #3

NEW JERSEY DEPARTMENT OF TREASURY
DIVISION OF REVENUE, BUSINESS GATEWAY SERVICES
CERTIFICATE OF INC, (PROFIT)

THE ABOVE-NAMED DOMESTIC PROFIT CORPORATION WAS DULY FILED IN ACCORDANCE WITH NEW JERSEY STATE LAW ON 01/10/2007 AND WAS ASSIGNED IDENTIFICATION NUMBER 010010025. FOLLOWING ARE THE ARTICLES THAT CONSTITUTE ITS ORIGINAL CERTIFICATE:

- Name: BLAIRSTOWN HOME IMPROVEMENT
- The Registered Agent: BLAIRSTOWN HOME IMPROVEMENT
- The Registered Office: 60 MOUNT HERMON ROAD
BLAIRSTOWN, NJ 07825
- Business Purpose: Building construction
- Stock: 1000
- First Board of Directors:
BRADLEY ABELOW
60 MOUNT HERMON ROAD
BLAIRSTOWN, NJ 07825
JOSEPH H. MEIVOGEL
60 MOUNT HERMON ROAD
BLAIRSTOWN, NJ 07825
- Incorporators:
BRADLEY ABELOW
60 MOUNT HERMON ROAD
BLAIRSTOWN, NJ 07825

Continued on next page ...

Sample #3

NEW JERSEY DEPARTMENT OF TREASURY
DIVISION OF REVENUE, BUSINESS GATEWAY SERVICES
CERTIFICATE OF INC, (PROFIT)

THE ABOVE-NAMED DOMESTIC PROFIT CORPORATION WAS DULY FILED IN ACCORDANCE WITH NEW JERSEY STATE LAW ON 01/10/2007 AND WAS ASSIGNED IDENTIFICATION NUMBER 010010025. FOLLOWING ARE THE ARTICLES THAT CONSTITUTE ITS ORIGINAL CERTIFICATE:

- Name: BLAIRSTOWN HOME IMPROVEMENT
- The Registered Agent: BLAIRSTOWN HOME IMPROVEMENT
- The Registered Office: 60 MOUNT HERMON ROAD
BLAIRSTOWN, NJ 07825

Signatures:
BRADLEY ABELOW
JOSEPH H. MEIVOGEL

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 01/11/2007.

Bradley Abelow
 Treasurer of the State of New Jersey

For information on documentation issued by the State of New Jersey call **609-292-9292** or visit **www.state.nj.us/njbgs** .
 For information on a **Trade Name Certificate** issued in New Jersey contact your local county clerk's office.
 For information on documentation issued by another state or jurisdiction, contact the issuing authority for a copy of the document(s).

CERTIFICATE OF INCORPORATION

Sample #4

NEW JERSEY DEPARTMENT OF TREASURY
 DIVISION OF REVENUE
CERTIFICATE OF INC, (PROFIT)
MELROSE CONSTRUCTION INC
 0900274312

The above-named DOMESTIC PROFIT CORPORATION was duly filed in accordance with New Jersey state law on 03/03/2009 and was assigned identification number 0900274312. Following are the articles that constitute its original certificate.

- Name:**
[REDACTED]
- Registered Agent:**
[REDACTED]
- Registered Office:**
[REDACTED]
- Business Purpose:**
[REDACTED]
- Stock:**
[REDACTED]
- Effective Date of this Filing is:**
[REDACTED]
- Designation of Shares:**
[REDACTED]
- First Board of Directors:**
[REDACTED]
- Incorporators:**
[REDACTED]
- Main Business Address:**
[REDACTED]

Signatures:
HERILINDO GARCIA

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Sample #4

NEW JERSEY DEPARTMENT OF TREASURY
 DIVISION OF REVENUE
CERTIFICATE OF INC, (PROFIT)
MELROSE CONSTRUCTION INC
 0900274312

IN TESTIMONY WHEREOF, I have hereto set my hand and affixed my Official Seal at Trenton, this 3rd day of March, 2009.



R. David Rousseau
State Treasurer

Certification# 113809620
 Verify this certificate at
https://www1.state.nj.us/TYTR_StandingCert/ISSP/Verify_Cert.jsp

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SHORT FORM STANDING

Sample #5

STATE OF NEW JERSEY
 DEPARTMENT OF TREASURY
SHORT FORM STANDING
EMPIRE CONSTRUCTION & PROPERTY MANAGEMENT GROUP INC
 0900000000

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Profit Corporation was registered by this office on November 2, 2009.

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 the registered agent and registered office are:

[REDACTED]
 14 Grove Street
 Madison, NJ 07748



IN TESTIMONY WHEREOF, I have hereto set my hand and affixed my Official Seal at Trenton, this 16th day of November, 2009.

R. David Rousseau
State Treasurer

Certificate Number: 115756144
 Verify this certificate online at
http://www1.state.nj.us/TYTR_StandingCert/ISSP/Verify_Cert.jsp

Note: Sole Proprietor and Partnership documents are issued by your local county clerk's office. Certificate of Formation and Certificate of Incorporation documents are issued by the State of New Jersey.

For information on documentation issued by the State of New Jersey call **609-292-9292** or visit **www.state.nj.us/njbgs**.
 For information on a **Trade Name Certificate** issued in New Jersey contact your local county clerk's office.
 For information on documentation issued by another state or jurisdiction, contact the issuing authority for a copy of the document(s).

CERTIFICATE OF FORMATION

Sample #6

NEW JERSEY DEPARTMENT OF TREASURY
 DIVISION OF REVENUE
CERTIFICATE OF FORMATION
~~RED BANK CONSTRUCTION ASSOCIATES LIMITED LIABILITY COMPANY~~
 0900290009

The above-named DOMESTIC LIMITED LIABILITY COMPANY was duly filed in accordance with New Jersey state law on 11/12/2009 and was assigned identification number 0900290009. Following are the articles that constitute its original certificate.

- Name:**
~~RED BANK CONSTRUCTION ASSOCIATES LIMITED LIABILITY COMPANY~~
- Registered Agent:**
~~0900290009~~
- Registered Office:**
~~0900290009~~
- Business Purpose:**
 construction
- Members/Managers:**
~~0900290009~~
~~0900290009~~
~~0900290009~~
~~0900290009~~
~~12 ROSB STREET~~
~~0900290009~~
- Main Business Address:**
~~0900290009~~
~~0900290009~~

Signatures:
~~0900290009~~
 AUTHORIZED REPRESENTATIVE
~~0900290009~~
 AUTHORIZED REPRESENTATIVE

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Sample #6

NEW JERSEY DEPARTMENT OF TREASURY
 DIVISION OF REVENUE
CERTIFICATE OF FORMATION
~~RED BANK CONSTRUCTION ASSOCIATES LIMITED LIABILITY COMPANY~~
 0900290009



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 12th day of November, 2009



R. David Rousseau
 State Treasurer

Certification# 115730823
 Verify this certificate at
https://www1.state.nj.us/TYTR_StandinCert/ISP/Verify_Cert.jsp

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CERTIFICATE OF FORMATION

Sample #7

NEW JERSEY DEPARTMENT OF TREASURY
 DIVISION OF REVENUE, BUSINESS GATEWAY SERVICES
CERTIFICATE OF FORMATION
~~SHARIS OF GREEN TREE MANAGEMENT LLC~~
 0400044342

The above-named DOMESTIC LIMITED LIABILITY COMPANY was duly filed in accordance with New Jersey State Law on 12/11/2003 and was assigned identification number 0400044342. Following are the articles that constitute its original certificate.

- Name:**
~~SHARIS OF GREEN TREE MANAGEMENT LLC~~
- The Registered Agent:**
~~0400044342~~
- The Registered Office:**
~~0 HUNTINGTON COURT~~
~~0400044342~~
- Business Purpose:**
~~Manufacturing, Sales, Services, Consulting~~
- Members/Managers:**
~~0400044342~~
~~0 HUNTINGTON COURT~~
~~0400044342~~
- The Main Business Address:**
~~0 HUNTINGTON COURT~~
~~0400044342~~

Signatures:
~~0400044342~~
 AUTHORIZED REPRESENTATIVE

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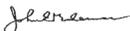
Page 1

Sample #7

NEW JERSEY DEPARTMENT OF TREASURY
 DIVISION OF REVENUE, BUSINESS GATEWAY SERVICES
CERTIFICATE OF FORMATION
~~SHARIS OF GREEN TREE MANAGEMENT LLC~~
 0400044342



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 12th day of November, 2009



John E. McCormac, CPA
 Treasurer of the State of New Jersey

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For information on documentation issued by the State of New Jersey call **609-292-9292** or visit **www.state.nj.us/njbgs**.
 For information on a **Trade Name Certificate** issued in New Jersey contact your local county clerk's office.
 For information on documentation issued by another state or jurisdiction, contact the issuing authority for a copy of the document(s).

REGISTRATION OF ALTERNATE NAME

Sample #8

STATE OF NEW JERSEY
 DIVISION OF REVENUE

REGISTRATION OF ALTERNATE NAME

C-150G

Complete the following applicable information, and sign in the space provided. Please note that the information contained in the filed form is considered public. Refer to the instructions on page 26 for filing fees and fields to be completed. It is the filer's responsibility to remit the appropriate fee amount. Use attachments if more space is required for any field.

Check Appropriate Statute:
 Title 14A:2-2.1 (2) New Jersey Business Corporation Act
 Title 42:2B-4 Limited Liability Company
 Title 15A:2-2.3 (b) New Jersey Nonprofit Corporation Act
 Title 42:2A-6 Limited Partnership

Pursuant to the provisions of the appropriate statute, checked above, of the New Jersey Statutes, the undersigned corporation/business entity hereby applies for the registration of an Alternate Name in New Jersey for a period of five (5) years, and for that purpose submits the following application:

- Name of Corporation/Business: Robinson Management LLC
- NI 10-digit ID number: 0000000000
- Set forth state of Original Incorporation/Formation: New Jersey
- Date of Incorporation/Formation: 1/1/2009
- Date of Authorization (Foreign): 09/10/2009
- Alternate Name to be used: Robinson Management LLC
- State the purpose or activity to be conducted using the Alternate Name: Management Services
- The Business intends to use the Alternate Name in this State: Yes
- The Business has not previously used the Alternate Name in this State in violation of this Statute, or, if it has, the month and year in which it commenced such use is: None

Signature requirements:
 For Corporations: Chairman of the Board, President, Vice-President
 For Limited Partnerships: General Partner
 For all Other Business Types: Authorized Representative

Signature: Robert M. [Signature] TITLE: owner
 NAME (please type): DATE: 9/10/09

THE PURPOSE OF THIS FORM IS TO SIMPLIFY THE FILING REQUIREMENTS. IT DOES NOT REPLACE THE NEED FOR COMPETENT LEGAL ADVICE.

CERTIFICATE OF AUTHORITY

Sample #9

NEW JERSEY DEPARTMENT OF TREASURY
 DIVISION OF REVENUE

CERTIFICATE OF AUTHORITY

The above-named FOREIGN FOR-PROFIT CORPORATION was duly filed in accordance with New Jersey State Law on 09/10/2009 and was assigned identification number 0000000000. Following are the articles that constitute its original certificate.

- Name: [Redacted]
- Registered Agent: [Redacted]
- Registered Office: [Redacted]
- Business Purpose: [Redacted]
- Incorporated Under the Laws of: [Redacted]
- Main Business Address: [Redacted]

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 11th day of September, 2009.


 R. David Rousseau
 State Treasurer

Certificate Number: 11523520
 Verify this certificate online at: http://www1.state.nj.us/TYR_StandingsCert/SP/Verify_Cert.jsp

CERTIFICATE OF LIABILITY INSURANCE

Sample #10

ACORD CERTIFICATE OF LIABILITY INSURANCE

INSURER: ACORD (Complete)
 (Complete) Agent's Name, business address and telephone number.

INSURED: [Redacted] (Complete)
 (Complete) Insured's Name, Business Name(s), Street Address and application or license number if applicable.

INSURERS AFFORDING COVERAGE: [Redacted] NAIC # [Redacted]

TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
GENERAL LIABILITY	<u>[Redacted]</u>	<u>[Redacted]</u>	<u>[Redacted]</u>	EACH OCCURRENCE: \$ 100,000 DAMAGE TO RENTED EQUIPMENT: \$ 50,000 MED EXP (Any one person): \$ 5,000 PERSONAL AND ADV INJURY: \$ 1 million GENERAL AGGREGATE: \$ 2 million PRODUCTS-COMMOP AGG: \$ 1 million
AUTOMOBILE LIABILITY	<u>[Redacted]</u>	<u>[Redacted]</u>	<u>[Redacted]</u>	COMBINED SINGLE LIMIT (Per accident): \$ BODILY INJURY (Per person): \$ BODILY INJURY (Per accident): \$ PROPERTY DAMAGE (Per accident): \$
GARAGE LIABILITY	<u>[Redacted]</u>	<u>[Redacted]</u>	<u>[Redacted]</u>	AUTO ONLY - EA ACCIDENT: \$ OTHER THAN AUTO ONLY: \$
EXCESS/UMBRELLA LIABILITY	<u>[Redacted]</u>	<u>[Redacted]</u>	<u>[Redacted]</u>	EACH OCCURRENCE: \$ AGGREGATE: \$ DEDUCTIBLE: \$ RETENTION: \$
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	<u>[Redacted]</u>	<u>[Redacted]</u>	<u>[Redacted]</u>	WELFARE: \$ SICKNESS: \$ DEATH: \$ DISABILITY: \$ MEDICAL: \$ BENEFITS: \$ OTHER: \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL ENDORSEMENTS

CERTIFICATE HOLDER: [Redacted]
 CANCELLATION: SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL endeavor to MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER HANDS TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

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