

STATE OF NEW JERSEY  
DEPARTMENT OF TREASURY  
SHORT FORM STANDING

COYNE PUBLIC RELATIONS, LLC  
0600105370

*With the Previous or Alternate Name*  
COYNE PR, LLC (Alternate Name)

*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 15, 2000.*

*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 registered office are:*

Thomas F. Coyne  
14 Walsh Dr  
Parsippany, NJ 07054

*Continued on next page . . .*

STATE OF NEW JERSEY  
DEPARTMENT OF TREASURY  
SHORT FORM STANDING

COYNE PUBLIC RELATIONS, LLC



IN TESTIMONY WHEREOF, I have  
hereunto set my hand and  
affixed my Official Seal  
at Trenton, this  
6th day of July, 2006

*Bradley Abelow*

Bradley Abelow  
State Treasurer

Received by NSD/FARA Registration Unit 10/03/2013 12:43:35 PM

**BUSINESS REGISTRATION CERTIFICATE**

DEPARTMENT OF TREASURY/  
DIVISION OF REVENUE  
PO BOX 252  
TRENTON, NJ 08646-0252

TAXPAYER NAME:

**COYNE PUBLIC RELATIONS, LLC**

TRADE NAME:

ADDRESS:

**14 WALSH DRIVE  
PARSIPPANY NJ 07054-1011**

SEQUENCE NUMBER:

**0955460**

EFFECTIVE DATE:

**12/11/02**

ISSUANCE DATE:

**09/17/09**

*James J. Quinonez*  
Director  
New Jersey Division of Revenue

FORM-BRC

This Certificate is NOT assignable or transferable. It must be conspicuously displayed at above address.

(04-08) - B205846V

DEPARTMENT OF THE TREASURY  
INTERNAL REVENUE SERVICE  
HOLTSVILLE NY 00501

DATE OF THIS NOTICE: 02-01-2001  
NUMBER OF THIS NOTICE: CP 575 A  
EMPLOYER IDENTIFICATION NUMBER: 22-3776518  
FORM: SS-4  
1925527842 B

FOR ASSISTANCE CALL US AT:  
1-800-829-1040

COYNE PUBLIC RELATIONS LLC  
COYNE THOMAS SOLE MEMBER  
9 LAW DR  
FAIRFIELD NJ 07004

OR WRITE TO THE ADDRESS  
SHOWN AT THE TOP LEFT.

IF YOU WRITE, ATTACH THE  
STUB OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER (EIN)

Thank you for your Form SS-4, Application for Employer Identification Number (EIN). We assigned you EIN 22-3776518. This EIN will identify your business account, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

Use your complete name and EIN shown above on all federal tax forms, payments and related correspondence. If you use any variation in your name or EIN, it may cause a delay in processing and incorrect information in your account. It also could cause you to be assigned more than one EIN.

Based on the information shown on your Form SS-4, you must file the following forms(s) by the date we show.

Form 941  
Form 940

04/30/2001  
01/31/2002

Your assigned tax classification is based on information obtained from your Form SS-4. It is not a legal determination of your tax classification and is not binding on the IRS. If you want a determination on your tax classification, you may seek a private letter ruling from the IRS under the procedures set forth in Rev. Proc. 98-01, 1998-1 I.R.B. 7 (or the superceding revenue procedure for the year at issue).

If you need help in determining what your tax year is, you can get Publication 538, Accounting Periods and Methods, at your local IRS office.

If you have questions about the forms shown or the date they are due, you may call us at 1-800-829-1040 or write to us at the address shown above.

If you're required to deposit for employment taxes (Forms 941, 943, 940, 945, CT-1, or 1042), excise taxes (Form 720), or income taxes (Form 1120), we will send an initial supply of Federal Tax Deposit (FTD) coupon books within six weeks. You can use the enclosed coupons if you need to make a deposit before you receive your supply.

Received by NSD/FARA Registration Unit 10/03/2013 12:43:35 PM

(IRS USE ONLY) 575A 223776518 02-01-2001 COYN B 1925527842 SS-4

Start your business off right - pay your taxes the easy way. Pay through the Electronic Federal Tax Payment System (EFTPS). For information, call 1-800-829-3676 and request Publication 966, EFTPS Answers to the Most Commonly Asked Questions.

Please use the label IRS provided when filing tax documents. Use FTD coupons when making FTD payments. If that isn't possible, use your EIN and complete name and address as shown below to identify your account and to avoid delays in processing.

COYNE PUBLIC RELATIONS LLC  
COYNE THOMAS SOLE MEMBER  
9 LAW DR  
FAIRFIELD NJ 07004

If this information isn't correct, please correct it using the bottom part of this notice. Return it to the address shown so we can correct your account.

Keep this part for your records.

CP 575 A (Rev. 1-2001)

Return this part with any correspondence so we may identify your account. Please correct any errors in your name or address.

CP 575 A

1925527842

Your Telephone Number Best Time to Call  
( ) -

DATE OF THIS NOTICE: 02-01-2001  
EMPLOYER IDENTIFICATION NUMBER: 22-3776518  
FORM: SS-4

INTERNAL REVENUE SERVICE  
HOLTSVILLE NY 00501

COYNE PUBLIC RELATIONS LLC  
COYNE THOMAS SOLE MEMBER  
9 LAW DR  
FAIRFIELD NJ 07004

Mail to: PO Box 308  
Trenton, NJ 08625

STATE OF NEW JERSEY  
DIVISION OF REVENUE

Overnight to: 225 West State St  
3rd Floor  
Trenton, NJ 08646

PUBLIC RECORDS FILING FOR NEW BUSINESS ENTITY *LLC*

Fill out all information below INCLUDING INFORMATION FOR ITEM 12, and sign in the space provided. Please note that once this form constitutes your original certificate of incorporation/formation/registration/authority, and the information contained in the form is considered public. Refer to the instructions for delivery/return options, filing fees and field-by-field requirements. Remember to remit the appropriate fee amount. Use attachments if more space is required for any field, or if you wish to add articles for the public.

1. Business Name: Coyne Public Relations, LLC

2. Alternate Business Name: Coyne PR, LLC

3. Type of Business Entity: LLC  
(See Instructions for Codes, Page 19, Item 3)

4. Business Purpose:  
(See Instructions, Page 20, Item 4) PROVIDE PUBLIC RELATIONS AND PROMOTIONAL SERVICES TO INDIVIDUAL CLIENTS and Machold

5. Stock (Domestic Corporations Only - Total Shares): \_\_\_\_\_

6. Duration (If Indefinite or Perpetual, Leave Blank): \_\_\_\_\_

7. State of Formation/Incorporation (Foreign Entities Only): \_\_\_\_\_

8. Date of Formation/Incorporation (Foreign Entities Only): \_\_\_\_\_

**FILED**  
DEC 15 2000

9. Contact Information:

Registered Agent Name: THOMAS F. COYNE

Registered Office (Must be a New Jersey address with street address):  
Street 9 LAW DRIVE  
City FAIRFIELD, NJ Zip 07004

Main Business or Principal Business Address (If different than the Registered Office):  
Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

10. Management (Domestic Corporations and Limited Partnerships Only)

- For-Profit and Professional Corporations list initial Board of Directors, minimum of 1;
- Domestic Non-Profits list Board of Trustees, minimum of 3;
- Limited Partnerships list all General Partners.

Name	Street Address	City	State	Zip
<u>THOMAS F. COYNE</u>	<u>28 WILLOW DRIVE</u>	<u>RANDOLPH</u>	<u>NJ</u>	<u>07869</u>

The signatures below certify that the business entity has complied with all applicable filing requirements pursuant to the laws of the State of New Jersey.

11. Incorporators (Domestic Corporations Only, minimum of 1)

Name	Street Address	City	State	Zip

\*\* Signature(s) for the Public Record (See instructions for Information on Signature Requirements)

Signature: [Handwritten Signature] Name: THOMAS F COYNE Title: PRESIDENT Date: 0600/105370

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