

W2000001195

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

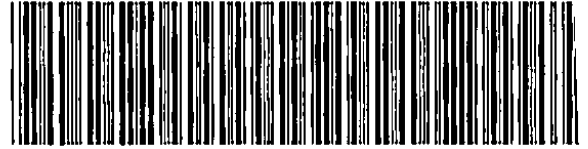
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12/2

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Rosemount Consulting Partners, LLC.

\_\_\_\_\_  
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:

James Klatsky

\_\_\_\_\_  
Name of Person

Rosemount Consulting Partners, LLC.

\_\_\_\_\_  
Firm/Company

9499 Portugese Pine Grove

\_\_\_\_\_  
Address

Boynton Beach, Florida 33473

\_\_\_\_\_  
City/State and Zip Code

klatsky@rosemountpartners.com and menendez@rosemountpartners.com and gritter@ritterchusid.com

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

For further information concerning this matter, please call:

Beverley Klassman or Gregory J. Ritter, Esq.

954

340-2200

\_\_\_\_\_  
Name of Contact Person

at (\_\_\_\_\_) \_\_\_\_\_

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 &  
Certificate of Status

☐ \$155.00 Filing Fee &  
Certified Copy

☒ \$72.50 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. Rosemount Consulting Partners, LLC.  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

Rosemount Partners, 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. Delaware 3. 45-3788192  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. NONE  
(Date first transacted business in Florida, if prior to registration)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. Rosemount Consulting Partners, LLC. 6. Rosemount Consulting Partners, LLC.  
(Street Address of Principal Office) (Mailing Address)

9499 Portugese Pine Grove,

9499 Portugese Pine Grove,

Boynton Beach, Florida 33473

Boynton Beach, Florida 33473

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

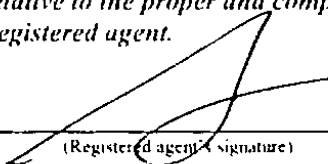
Name: Gregory J. Ritter, Esq.

Office Address: 5850 Coral Ridge Drive, Suite 201,

Coral Springs, Florida , Florida 33076  
(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)

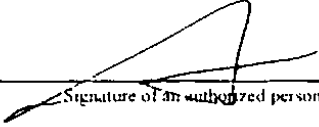
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons who manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: James P. Klatsky	<input checked="" type="checkbox"/> Manager	Name: David Lopez Menendez
<input type="checkbox"/> Member	Address: 9499 Portugese Pine Grove	<input type="checkbox"/> Member	Address: Calle Soto de Camarena
<input type="checkbox"/> Authorized	Boynnton Beach, Florida 33473	<input type="checkbox"/> Authorized	Sector E, 17
Person		Person	46117 Betera (Valencia) :
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other
<input type="checkbox"/> Manager	Name: Gregory J. Ritter, Esq.	<input type="checkbox"/> Manager	Name:
<input type="checkbox"/> Member	Address: 5850 Coral Ridge Drive	<input type="checkbox"/> Member	Address:
<input checked="" type="checkbox"/> Authorized	Suite 201	<input type="checkbox"/> Authorized	
Person	Coral Springs, Florida 33076	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 jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under 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  
 Gregory J. Ritter, Esq.  
 \_\_\_\_\_  
 Typed or printed name of signee

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ROSEMOUNT CONSULTING PARTNERS, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TENTH DAY OF NOVEMBER, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ROSEMOUNT CONSULTING PARTNERS, LLC" WAS FORMED ON THE TWENTY-FIFTH DAY OF MAY, A.D. 2011.



4987765 8300

SR# 20208111027

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

A handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 204043359

Date: 11-10-20



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 10, 2020

JAMES KLASKY  
9499 PORTUGUESE PINE GROVE  
BOYNTON BCH, FL 33473 US

SUBJECT: ROSEMONT CONSULTING PARTNERS, LLC  
Ref. Number: W20000140060

We have received your document for ROSEMONT CONSULTING PARTNERS, LLC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a foreign corporation, but your entity is a foreign limited liability company. Please complete and return the enclosed blank form(s).

There is a balance due of \$72.50.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Sharon D Franklin  
Regulatory Specialist II

Letter Number: 520A00024782

RECEIVED  
DEC 21 2020

[www.sunbiz.org](http://www.sunbiz.org)

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314