

F/500001299

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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(Business Entity Name)

(Document Number)

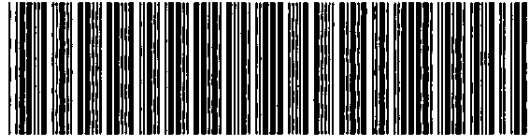
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W15-19719



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FILED
15 MAR 24 PM 4:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAR 27 2015

S. GILBERT

SOL ZIGMAN, CPA
THEODORE LEVINE, CPA
JULIAN FISCHGRUND, CPA



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ZIGMAN, LEVINE & FISCHGRUND, PC
CERTIFIED PUBLIC ACCOUNTANTS

BY FEDERAL EXPRESS OVERNIGHT

March 25, 2015

Florida Department of Revenue
New Filings Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Gentlemen/Madam:

Please accept this duplicate filing as a correction of the omission of item #7 from my original filing.

I trust this will satisfy the requirements for the application to do business in the State of Florida by the Lorne Weil, Inc. corporation.

Please expedite the application approval.

Very truly yours,

A handwritten signature in black ink, appearing to read "Sol Zigman". The signature is written in a cursive, flowing style.

Sol Zigman CPA

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: LORNE WEIL INC
Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Sol ZIGMAN
Name of Person
ZIGMAN, LEVINE & FISCHGRUND CPAs, PC
Firm/Company
200 GARDEN CITY PLZ, STE 202
Address
GARDEN CITY, NY 11530
City/State and Zip code
SZIGMAN@ZLFPCPAS.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sol ZIGMAN at 516, 747-6000
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- ☐ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status ☐ \$78.75 Filing Fee & Certified Copy ☒ \$87.50 Filing Fee, Certificate of Status & Certified Copy



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 20, 2015

SOL ZIGMAN
200 GARDEN CITY PLAZA, STE 202
GARDEN CITY, NY 11530

SUBJECT: LORNE WEIL INC
Ref. Number: W15000019719

We have received your document for LORNE WEIL INC 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 Florida Statutes require an entity to designate a street address for its principal office address. A post office box is not acceptable for the principal office address. The entity may, however, designate a separate mailing address. The mailing address may be a post office box.

Please return the corrected original and one copy of 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) 245-6052.

Sylvia Gilbert
Regulatory Specialist II
New Filing Section

Letter Number: 215A00005624

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. LORNE WEIL INC
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. NEW YORK 3. 13-3014047
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. OCTOBER 17, 1979 5. PERPETUAL
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. N/A
(Date first transacted business in Florida, if prior to registration)

(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 250 W. 57TH ST. #2223, NEW YORK, NY 10107
(Principal office address)

250 W. 57TH ST. #2223, NEW YORK, NY 10107
(Current mailing address)

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

Name: DENNIS WALLACH

Office Address: 14904 STRAND LANE

Delray Beach, Florida 33446
(City) (Zip code)

9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation 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.

X Dennis Wallach
(Registered agent's signature)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

11. Names and business addresses of officers and/or directors:

A: DIRECTORS

Chairman: A. LORNE WEIL

Address: 250 W. 57TH ST - #2223
NEW YORK, NY 10107

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: A. LORNE WEIL

Address: 250 W. 57TH ST - #2223
NEW YORK, NY 10107

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12. ☒ 

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that 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.

13. A. LORNE WEIL, President

(Typed or printed name and capacity of person signing application)

State of New York
Department of State } ss:

I hereby certify, that the Certificate of Incorporation of LORNE WEIL, INC. was filed on 10/23/1979, with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation.

The Biennial Statement is past due.

*WITNESS my hand and the official seal
of the Department of State at the City of
Albany, this 05th day of March two
thousand and fifteen.*

Anthony Giardina

Executive Deputy Secretary of State