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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
emailed cert 10/18/21/1
Office Use Only



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COVER LETTER

TO: Registration Se Division of Cor						
SUBJECT: Whitestor	ne Associates, Inc.					
	Name of corpora	ation - mu	ist include suffix			_
Dear Sir or Madam:						
"Certificate of Existenc	ion by Foreign Corporation e," or "Certificate of Good in corporation to transact bu	Standing	" and check are sub			
Please return all corresp	ondence concerning this m	atter to th	ne following:			
Tina Wakai						
	Nam	e of Perso	on			_
Whitestone Associates, In	ic.					
	Firm/	Company	'			
30 Independence Blvd. St	nite 250					
	A	Address				_
Warren, New Jersey 0705	9					
	City/St	ate and Z	ip code		232	
twakai@whitestoneassoc.					301	~ · · · ·
	E-mail address: (to be u	sed for fu	ture annual report n	otification)	7321 OCT 18	 bri Bras.
For further information	concerning this matter, ple	ase call:				· ,
Tina Wakai	908 at (, 6	68-7777		PH 5: 2	·
Name of Perso		Code	Daytime Telepl	none Number		
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			
Enclosed is a check for Please make check payabl S70.00 Filing Fee	the following amount: le to: FLORIDA DEPARTM \$78.75 Filing Fee & Certificate of Status	□ \$78	STATE 3.75 Filing Fee & rtified Copy	S87.50 Fi Certificat Certified	te of Stati	

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.

		lopted for the purpose of transacting business in Florida			
New Jersey	3. 2	the law of which it is incorporated) 3. (FEI number, if applicable)			
(State or countr	y under the law of which it is incorporated)	(FEI number, if applicable)			
12/5/1989	5	(Date of duration, if other than perpetual)			
(Date of incorporation)		(Date of duration, if other than perpetual)			
none to date					
	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.150				
30 Independence	Blvd. Suite 250 Warren, New Jersey 07059	2, 1 .b., to determine politicly matrixy)			
		c <u>street</u> address)			
	(- <u></u>			
 					
	(Current mailing	address, if different)			
	(Current mailing	address, if different)			
Name and stree	(Current mailing et address of Florida registered agent: (P.O.				
		Box NOT acceptable)			
Name:	et address of Florida registered agent: (P.O. CSC Global LLC	Box NOT acceptable)			
	et address of Florida registered agent: (P.O.	Box NOT acceptable)			
Name:	et address of Florida registered agent: (P.O. CSC Global LLC 1201 Hays Street	Box NOT acceptable)			
Name:	et address of Florida registered agent: (P.O. CSC Global LLC 1201 Hays Street	Box NOT acceptable)			

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.

A. DIRECTORS				•				
Chairman	Name: Thomas K Uzzo	☐Chairman Name:						
□Vice Chairman	Address:	□Vice Chairman	Address:	<u> </u>				
□Director	Suite 250	□Director						
President	Warren, NJ 07059	□President						
□Vice President		□Vice President						
☐ Secretary	■ Treasurer	☐ Secretary		□Treasurer				
□Other	Other	□Other		□Other				
□ Chairman	Name: Keith D'Ambrosio 1600 Manor Drive	□Chairman	Name;					
□Vice Chairman	Address:	□ Vice Chairman	Address:					
□Director	Suite 220	□Director						
□President	Chalfont, PA 18914	□President						
□Vice President		□Vice President						
Secretary	□Treasurer	□Secretary		□Treasurer				
Other		□Other		Other				
□Chairman	Name:	□Chairman	Name:	2.121				
□ Vice Chairman	Address:	□Vice Chairman	Address:					
□Director		□Director	-					
□President		□President		P				
□Vice President		□Vice President		· · · · · · · · · · · · · · · · · · ·				
Secretary	☐ Treasurer	☐ Secretary		□Treasurer				
□Other	Other	□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. 12. Signature of Director or Officer								

The officer or director signing this document (and who is listed in number 11 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.

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

WHITESTONE ASSOCIATES, INC. 0100438883

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic For-Profit Corporation was registered by this office on December 05, 1989.

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:

THOMAS K UZZO 30 INDEPENDENCE BLVD STE 250 WARREN, NJ 07059



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 18th day of October, 2021

Sheet of Men

Elizabeth Maher Muoio State Treasurer

Certificate Number: 6124238555

Verify this certificate online at

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

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