

M100000003966

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

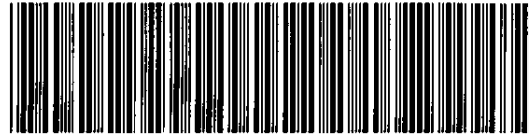
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



600184940336

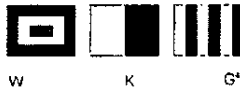
09/07/10--01025--016 \*\*125.00

FILED  
10 SEP - 7 PM 2:49  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. BRYAN

SEP - 8 2010

EXAMINER



WINGED KEEL GROUP®, INC.  
FINANCIAL SECURITY MANAGEMENT™

1700 Broadway, 34th Floor  
New York, NY 10018-3308

TEL. 212-527-8075  
FAX 212-527-8099

vharitwal@wingedkeel.com  
www.wingedkeel.com

**PRIVATE AND CONFIDENTIAL**

August 30, 2010

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

**Re: WKG 3Plus LLC Registration (Tax ID: 134195056)**

To Whom It May Concern:

Enclosed are the following:

1. Application by Foreign LLC for Authorization to Transact Business in Florida
2. Check of \$125.00 payable to Florida Department of State
3. Certificate of Good Standing

Please let me know if you have any questions. I can be reached at (212) 527-8075 or [vharitwal@wingedkeel.com](mailto:vharitwal@wingedkeel.com)

Sincerely,  
Vikash Haritwal  
Associate

Enclosures

FILED  
10 SEP - 7 PM 2:49  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** WKG 3 Plus, 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:

Pramod Navani

Name of Person

Winged Keel Group

Firm/Company

1700 Broadway, 34<sup>th</sup> floor

Address

New York, NY - 10019

City/State and Zip Code

licensing@wingedkeel.com

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

FILED  
10 SEP - 7 PM 2:49  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Vikash Haritwal

Name of Person

at ( 212 ) 529-8075

Area Code & Daytime Telephone Number

**MAILING ADDRESS:**

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

**STREET ADDRESS:**

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

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee      ☐ \$130.00 Filing Fee & Certificate of Status      ☐ \$155.00 Filing Fee & Certified Copy      ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO  
TRANSACTION BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:*

1. WKG 3 Plus, LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C.," "LLC.")

2. New York 3. 13-4195056  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 10/11/2001 5. 2056  
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")

6. Upon Qualification  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 608.501 & 608.502 F.S. to determine penalty liability)

7. 1700 Broadway, 34th Floor, New York, NY 10019  
(Street Address of Principal Office)

8. If limited liability company is a manager-managed company, check here ☐

9. The name and usual business addresses of the managing members or managers are as follows:

Campbell Gerrish, 1700 Broadway, New York, NY 10019

Michael Liebeskind, 1700 Broadway 34th Floor, New York, NY 10019

Brent Kinetz, 1700 Broadway 34th Floor, New York, NY 10019

**SEE ATTACHMENT**

10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)

11. Nature of business or purposes to be conducted or promoted in Florida: \_\_\_\_\_

Insurance Agency

Campbell J. Gerrish  
Signature of a member or an authorized representative of a member.  
(In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Campbell Gerrish

Typed or printed name of signee

**FILED**  
10 SEP - 7 PM 2:49  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

WKG 3 Plus, LLC

If unavailable, the alternate to be used in the state of Florida is:

\_\_\_\_\_

2. The name and the Florida street address of the registered agent and office are:

C T Corporation System

(Name)

1200 South Pine Island Road

Florida Street Address (P.O. Box **NOT** ACCEPTABLE)

Plantation FL 33324

City/State/Zip

**FILED**  
10 SEP - 7 PM 2:49  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*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 certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.*

C T Corporation System

By: 

(Signature)

**Mark S. Eppley**  
**Assistant Vice-President**  
**and Secretary**

\$ 100.00	Filing Fee for Application
\$ 25.00	Designation of Registered Agent
\$ 30.00	Certified Copy (optional)
\$ 5.00	Certificate of Status (optional)

**Attachment to Florida  
Member/Manager information**

1	Full Name:	Matt Phillips
	Member/Manager:	Member
	Business Address:	1700 Broadway 34th Floor
	City:	New York
	State:	NY
	ZIP Code:	10019
2	Full Name:	Eric Naison-Phillips
	Member/Manager:	Member
	Business Address:	1700 Broadway 34th Floor
	City:	New York
	State:	NY
	ZIP Code:	10019

**FILED**  
10 SEP -7 PM 2:49  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

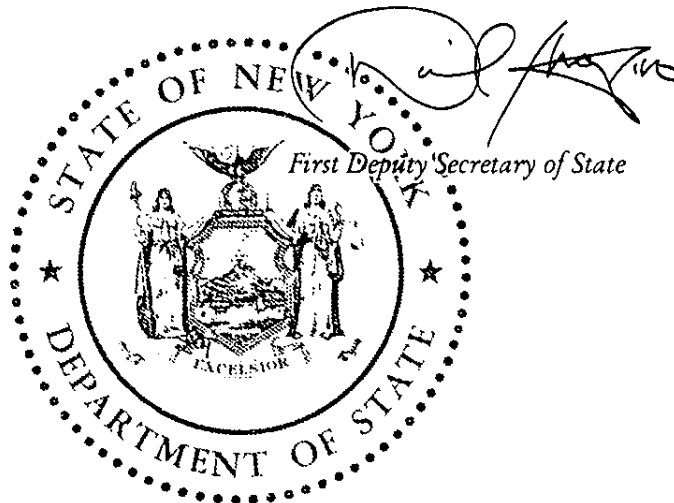
**State of New York**  
**Department of State** } ss:

I hereby certify, that WKG 3 PLUS, LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 10/11/2001, and that the Limited Liability Company is existing so far as shown by the records of the Department.

\*\*\*

*WITNESS my hand and the official seal  
of the Department of State at the City of  
Albany, this 20th day of August two  
thousand and ten.*

201008230088 100



**FILED**  
**10 SEP -7 PM 2:49**  
**SECRETARIAT OF STATE**  
**TALLAHASSEE, FLORIDA**