Division of Corporations Electronic Filing Cover Sheet

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(((H15000006021 3)))



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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : AULSTATE CORPORATE SERVICES CORP

Account Number : 120040000031 : (800)906-9220 Phone : (800)906-9880 Fax Number

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Email Address:

Foreign Limited Liability Company TAMPA WD PARTNERS LLC

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Corporate Filing Menu

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EXAMINER JAN - 9 2015

H150000602/3

COVER LETTER

Division of Corporations
SUBJECT: TAMPA WD 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:
Allstate Corporate Services Corp.
Name of Person
1222 Avenue M, Suite 301
Firm/Company
Address
Brooklyn, NY 11230
City/State and Zip Code
sal@acs123.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Naomi Ostopowitz800 _906-9220
Name of Contact Person Area Code Daytime Telephone Number
MAILING ADDRESS: STREET ADDRESS: Division of Corporations Division of Corporations Registration Section Registration Section
Registration Section Registration Section P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle
Tallahassee, FL 32301
Enclosed is a check for the following amount: \$\Begin{align*} \Pi \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \

4/5000060213

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:

	the purpose of transacting business in Florida. The alternate nan	ne must include "Limited
Liability Company," "L.L.C," or "LLC.")	N// A	
Delaware (Junisdiction under the law of which foreign limited)	3. N/A (FEI number, if applicab	ile)
company is organized)		~~,
4. UPON REGISTRATION		40 9
(Date first transa (See sections 605.05	oted business in Florida, if prior to registration.) 204 & 605.0905, 7.3. to determine penalty liability)	E .
27 Frost LANE, LAWREN	NCE, NY 11559	O
/·		SSO
	(Street Address of Principal Office)	
27 Frost LANE, LAWREN	· ·	95 . 32
5		1929
	(Mailing Address)	
7. The same side or consider and address	ss of the person(s) who has/have authority to ma	nace islate:
7. The name, title of capacity and address		
Assembly SV and the fall to the	SOD. Z/ Prost LANE. LAWKENCE	, NT (1009
(MGRM)- Yerachmeal Jacob		
		icated by the official
8. Attached is an original certificate of exhaving custody of records in the jurisdict	tistence, no more than 90 days old, duly authenti ion under the law of which it is organized. (A pl	notocopy is not
3. Attached is an original certificate of exnaving custody of records in the jurisdict	istence, no more than 90 days old, duly authenti	notocopy is not

Yerachmeal Jacobson, AUTHORIZED REPRESENTATIVE

Typed or printed name of signee

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), 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 Co	- ·
If unavailable, the alternate to be used in	the state of Florida is:
2. The name and the Florida street addre	ess of the registered agent and office are:
Registered Ag	gent Solutions, Inc. 量 字 三
	(Name)
155 Office Pla	Address (P.O. Box NOT ACCEPTABLE)
Florida Street	Address (P.O. Box NOT ACCEPTABLE)
Tallahassee	FL 32301
	City/State/Zip

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 605, Florida Statutes.

Steven Weiss, Assistant Secretary

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

Delaware HISOSOGOGO 13

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "TAMPA WD 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 EIGHTH DAY OF JANUARY, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "TAMPA WD PARTNERS LLC" WAS FORMED ON THE SIXTH DAY OF JANUARY, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

5669289 8300

AUTHENTY CATION: 2020632

DATE: 01-08-15

You may vorify this cortificate online at corp, delaware, gov/authvor.shtml