M1600000 7745

(Re	questor's Name)	
(Ad	dress)	·
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
<u> </u>		
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
		<u> </u>
Special Instructions to	Filing Officer:	
<u></u>		

Office Use Only



700284363207

04/12/16--01036--010 **130.00



APR 25 2016 J SHIVERS



April 13, 2016

JAMES B EVANS JR 76 E EUCLID AVE HADDONFIELD, NJ 08033

SUBJECT: WWB HOLDINGS, LLC Ref. Number: W16000027204

We have received your document for WWB HOLDINGS, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to s.605.0902(1)(e), Florida Statutes, the document must contain the name, title or capacity and address of at least one person who has the authority to manage the foreign limited liability company.

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) 245-6051.

Letter Number: 316A00007545

Justin M Shivers
Regulatory Specialist III
Registration/Qualification Section

www.sunbiz.org

LAW OFFICES

KULZER & DIPADOVA

A PROFESSIONAL CORPORATION 76 E. EUCLID AVENUE, SUITF 300 HADDONFIELD, NEW JERSEY 08033-2342

ARTHUR A. DIPADOVA
MICHAEL I. DELAURENTIS°
JAMES B. EVANS, JR.
ERICA FELDITAKE*
BRIELE N. HAAS*
GLENN A. HENKEL*
JOSEPH M. KEMPTER*
KOSEPH T. KENNEY**
MICHAEL A. KULZER
DOUGLAS R. MADANICK*
PATRICK J. MCCORMICK**
DANIEL L. MELLOR**
ROBERT H. WILLIAMS

Telephone (856) 795-7744

TeleCorier (856) 795-8982

E-Mail. JBE@kulzerdipadova.com

April 11, 2016

- * MEMBER OF NJ & PA BARS
- MEMBER OF FL BAR
- + MEMBER OF NY BAR
- ♦ MEMBER OF GABAR
- ° COUNSEL TO THE FIRM

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

RE: GENERAL AMERICAN HOLDINGS, INC.

To Whomever It May Concern:

Enclosed please find a check in the amount of \$130.00 payable to Florida Department of State.

Please process the check accordingly. If you have any questions, please call.

Very truly yours,

KULZER & DiPADOVA, P.A.

James B. Evans, Jr. Attorney At-Law

/jmd

Énclosure

cc: George Beppel CPA
Sue Hudson, President
Steve Haas, Esquire

COVER LETTER

	Registration Section Division of Corporation	ons				
SUBJEC	WWB Holdings, L	LC				
DOBULO		Name of	Limited Liability (Company		
					nnsact Business in Florida," Certificate o v company to transact business in Florid	
Please ret	urn all correspondence	concerning this matter to the	following:			
	James B. Eva	ns, Jr.				
		N	ame of Person			
	Kulzer & DiP	adova, PA				
		F	irm/Company			
	76 E Euclid A	ve				
			Address			
	Haddonfield,	NJ 08033				
		City/S	tate and Zip Code			
	jbe@kulzerdipa	idova.com				
		E-mail address: (to be used	d for future annual	report not	ification)	
For further	er information concerni	ng this matter, please call:				
	James B. Evans, Jr.		856 at (795-77	44	
-	Name	of Contact Person	Area Code	Day	time Telephone Number	
]]]	MAILING ADDRESS Division of Corporation Registration Section P.O. Box 6327 Tallahassee, FL 32314			Division Registrat Clifton B 2661 Exe	CADDRESS: of Corporations ion Section uilding ecutive Center Circle iee, FL 32301	
	is a check for the follo ☐ \$125.00 Filing Fee	wing amount: \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filir Certified Copy	ig Fee &	☐ \$160.00 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:

If name unavailable, enter al .iability Company," "L.L.C,	ternate name adopted for the purpose of transac	ting business in Florida. The alternate na	ame must include	"Limited
Pennsylvania		-1345154		
	of which foreign limited liability	(FEI number, if applicable	le)	
l				
·	(Date first transacted business in Florid (See sections 605,0904 & 605,0905, F.S.	a, if prior to registration.) to determine penalty liability)	- 	
401 Rte 73 North, Sui				
Marlton, NJ 08053				
<u> </u>	(Street Address of Principal O	ffice)		
401 Rte 73 North, Suit	e 300, PO Box 989			
Marlton, NJ 08053			erina Na Nasional Cons	
	(Mailing Address)			
. Name and street address	s of Florida registered agent: (P.O. Box N	<u>IOT</u> acceptable)	P	
Name:	Susan D. Hudson		7.22 7.53 7.53	M. Parks .
Office Address:	350 Royal Palm Way, Suite 500		Te P	d mg·s
Office Address.	Palm Beach	, Florida <u>33480</u>	() () () () () () ()	(f f f
	(City)	, Florida(Zip code)		May Car
Registered agent's accep			7 1114	
Having been named as re lesignated in this applica o complywith the provisi	gistered agent and to accept service of protion, I hereby accept the appointment as rons of all statutes relative to the proper any position as registered agent. (Registered agent)	egistered agent and agree to act in t id complete performance of my duti	this capacity. I	further agr
Having been named as re lesignated in this applica o complywith the provisi accept the obligations of	gistered agent and to accept service of protion, I hereby accept the appointment as rons of all statutes relative to the proper any position as registered agent. (Registered agent)	egistered agent and agree to act in t id complete performance of my duti s signature)	this capacity. I	further agr
Having been named as reflesignated in this application of complywith the provisincept the obligations of the name, title or cap	gistered agent and to accept service of pro- tion, I hereby accept the appointment as r ons of all statutes relative to the proper an my position as registered agent. (Registered agent) acity and address of the person(s) who has/	egistered agent and agree to act in the description of the description	this capacity. I	further agr
Having been named as reflesignated in this application of complywith the provisincept the obligations of the name, title or cap	gistered agent and to accept service of protion, I hereby accept the appointment as rons of all statutes relative to the proper any position as registered agent. (Registered agent)	egistered agent and agree to act in the description of the description	this capacity. I	further agr
Having been named as reflesignated in this application of complywith the provisincept the obligations of the name, title or cap	gistered agent and to accept service of pro- tion, I hereby accept the appointment as r ons of all statutes relative to the proper an my position as registered agent. (Registered agent) acity and address of the person(s) who has/	egistered agent and agree to act in the description of the description	this capacity. I	further agr
Having been named as reflesignated in this application of complywith the provisincept the obligations of the name, title or cap	gistered agent and to accept service of pro- tion, I hereby accept the appointment as r ons of all statutes relative to the proper an my position as registered agent. (Registered agent) acity and address of the person(s) who has/	egistered agent and agree to act in the description of the description	this capacity. I	further agr

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.

Susan D. Hudson

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF STATE 04/05/2016

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

WWB Holdings, LLC

is duly registered as a Pennsylvania Limited Liability Company under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written

Secretary of the Commonwealth

Certification Number: TSC160405151736-1

Verify this certificate online at http://www.corporations.pa.gov/orders/verify.aspx