

M17000001178

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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Dec. 2/9

W17-4781

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2017 FEB -9 10:11:50

M. MILLIGAN

FEB 10 2017

# THE BOSTANY LAW FIRM PLLC

3 WORLD FINANCIAL CENTER

24<sup>TH</sup> FLOOR

NEW YORK, NEW YORK 10281

TEL: 212-530-4400

FAX: 212-530-4488

NEW JERSEY OFFICE

ONE GATEWAY CENTER  
NEWARK, NJ 07102

MINNESOTA OFFICE

106 WILDWOOD RD  
WILLERNIE, MN 55090

February 7, 2017

Michelle Milligan  
Senior Section Administrator  
Division of Corporations  
Registration Section  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

RECEIVED  
2017 FEB -9 PM 3:57  
STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

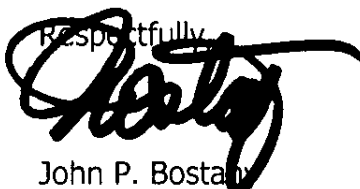
Ref. Number: W17000004781

Dear Ms. Milligan:

The above reference application was refused for improper suffix.

Please withdraw that application and substitute with the enclosed new application for a separate NJ company that has the proper suffix. A current Good Standing Certificate for the NJ company is attached.

In accordance with directions from your Office that I received by telephone, I respectfully ask that the fee that was paid for the above referenced application be applied to this new application and that the application under Ref. Number: W17000004781 be withdrawn.

Respectfully,  
  
John P. Bostany

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Bostany Law Firm 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:

John P. Bostany

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Name of Person

The Bostany Law Firm PLLC

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Firm/Company

3 World Financial Center	
<hr/>	Address

New York, NY 10281

---

City/State and Zip Code

john@bozlaw.com

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

For further information concerning this matter, please call:

John P. Bostany at (212) 530-4400

Name of Contact Person                  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 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:*

1. Bostany Law Firm 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. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. NJ 3. \_\_\_\_\_  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. One Gateway Center - Suite 2600  
Newark, NJ 07102  
(Street Address of Principal Office)

6. 3 World Financial Center - 24th Floor  
New York, NY 10281  
(Mailing Address)

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

Name: John P. Bostany  
Office Address: 1001 Brickell Bay Drive - Suite 1200  
Miami, Florida 33131  
(City) (Zip code)

**Registered agent's acceptance:**

*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 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.*

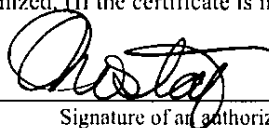


(Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

John P. Bostany - Member  
102 -24th Street, Unit 1116  
Miami Beach, FL 33139

9. Attached is a 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. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)



Signature of an authorized person

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.

John P. Bostany  
Typed or printed name of signee

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

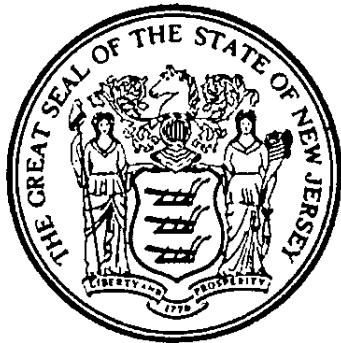
**BOSTANY LAW FIRM LLC**  
0600373610

*I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Limited Liability Company was registered by this office on May 13, 2011.*

*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:*

BOSTANY LAW FIRM%  
ONE GATEWAY CENTER, STE 2600  
NEWARK, NJ 07102



*IN TESTIMONY WHEREOF, I have  
hereunto set my hand and affixed  
my Official Seal at Trenton, this  
5th day of February, 2017*

*Ford M. Scudder*

Ford M. Scudder  
Acting State Treasurer

Certificate Number : 6077457767

Verify this certificate online at

[https://www1.state.nj.us/TYTR\\_StandingCert/JSP/Verify\\_Cert.jsp](https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp)

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