

M17000003284

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

(Business Entity Name)

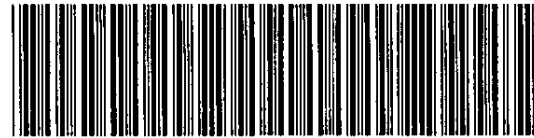
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W17-27627

Office Use Only



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FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 31, 2017

DAVID LEWINTER
9356 IVORY ISLE RD
BOYNTON BEACH, FL 33473

SUBJECT: LEWINTER WEALTH ADVISORS LIMITED LIABILITY COMPANY
Ref. Number: W17000027627

We have received your document for LEWINTER WEALTH ADVISORS LIMITED LIABILITY COMPANY and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), Authorized Person (AP), or Authorized Representative (AR).

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia I Simmons
Regulatory Specialist II

Letter Number: 517A00006233

To Florida Dept of State

Sorry for error. Corrected on attached. Thank you

FIVE

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RY OF
SEE. FILING

[Signature]

Manager, Lewinter Wealth Advisors LLC

973.244.2621

www.sunbiz.org

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Lewinter Wealth Advisors Limited Liability Company
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:

David Lewinter

Name of Person

Lewinter Wealth Advisors, LLC

Firm/Company

9356 Ivory Isle Road

Address

Boynton Beach, Florida 33473

City/State and Zip Code

dlewinter@gmail.com

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

For further information concerning this matter, please call:

David Lewinter

973

294.2621

at ()

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. Lewinter Wealth Advisors Limited Liability Company
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C." or "LLC.")
Lewinter Wealth Limited Liability Company
(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. New Jersey 3. 27-3675477
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)
4. Not Applicable--No activities conducted to date
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)
5. 60 Redwood Avenue
West Orange, NJ 07052
(Street Address of Principal Office)
6. 9356 Ivory Isle Road
Boynton Beach, FL 33473
(Mailing Address)
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
Name: Marjorie Margolis
Office Address: 140 N Federal Highway
Boca Raton, Florida 33432
(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.

Marjorie Margolis
(Registered agent's signature)

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

David J Lewinter, Manager
9356 Ivory Isle Road
Boynton Beach, Florida 33473

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]
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.

David J Lewinter

Typed or printed name of signee

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

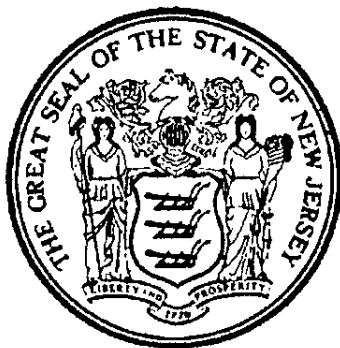
LEWINTER WEALTH ADVISORS LIMITED LIABILITY COMPANY
0400375344

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 October 14, 2010.

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:

*Richard Finkelstein
75 Livingston Avenue
Roseland, NJ 07068*



*IN TESTIMONY WHEREOF, I have
hereunto set my hand and affixed
my Official Seal at Trenton, this
14th day of March, 2017*

*Ford M. Scudder
Acting State Treasurer*

Certificate Number . 6078302605

Verify this certificate online at

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