

M17000004326

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

(Business Entity Name)

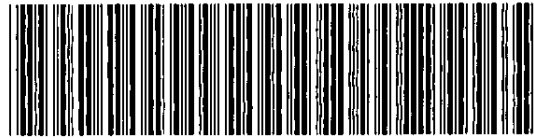
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TALLAHASSEE, FLORIDA  
17 MAR 14 PM 4:37

MAY 22 2017  
S. YOUNG



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 15, 2017

JOHN E KRAMER  
6230 N OCEAN BLVD  
OCEAN RIDGE, FL 33435

SUBJECT: WON BROADWAY LLC  
Ref. Number: W17000022278

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
17 MAR 14 PM 4:37

We have received your document for WON BROADWAY LLC and your check(s) totaling \$125.00. 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).

Please return 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.

Shelia H Young  
Regulatory Specialist II

Letter Number: 717A00004996

2017 MAY 18 AM 10:59  
TALLAHASSEE, FLORIDA

SEE ATTACHED CHANGES

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT:

WON BROADWAY 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 F. KRAMER  
Name of Person

Firm/Company

6230 N. Ocean Blvd  
Address

Ocean Ridge, FL 33435  
City/State and Zip Code

john.kramerjr@comcast.net  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOHN KRAMER at (561) 414-7269  
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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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. WON BROADWAY 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. New Jersey 3. 81-3515107  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 1-23-17  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 6230 N OCEAN BLVD  
OCEAN RIDGE FL 33435  
(Street Address of Principal Office)

6. 6230 N OCEAN BLVD  
OCEAN RIDGE FL 33435  
(Mailing Address)

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

Name: JOHN E KRAMER  
Office Address: 6230 N OCEAN BLVD  
OCEAN RIDGE, Florida 33435  
(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.

[Signature]  
(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 E KRAMER MGR 6230 N OCEAN BLVD OCEAN RIDGE FL 33435  
LARRY M KRAMER MGR - SAME -

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.

JOHN E KRAMER  
Typed or printed name of signee

FILED  
STATE  
SECRETARY OF  
TALLAHASSEE, FLORIDA  
17 MAR 14 PM 4:37

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

**WON BROADWAY LLC  
0600433640**

*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 July 28, 2016.*

*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:*

**KEITH A BONCHI ESQ  
660 NEW RD  
SUITE 1A  
NORTHFIELD, NJ 08225-0000**



*IN TESTIMONY WHEREOF, I have  
hereunto set my hand and affixed  
my Official Seal at Trenton, this  
1st day of February, 2017*

*Ford M. Scudder*

**Ford M. Scudder  
Acting State Treasurer**

**Certificate Number : 6077375330**

**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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