## 1717000004835

| (Requestor's Name)                      |
|---|
| (Address)                               |
| (Address)                               |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
| (Document Number)                       |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
|   |
| 12364                                   |
| W1-43364 6359                           |

Office Use Only



100299351691

05/19/17--01003--026 \*\*25.00

05/19/17--01003--024 \*\*100.00

SECRETARY OF STATE ALLAHASSEE, FLORIDA

S. WARREN JUN 0 7 2017



May 22, 2017

JAY L LUBETKIN, ESQ RABINOWITZ, LUBETKIN & TULLY,LLC 293 EISENHOWER PARKWAY STE 100 LIVINGSTON, NJ 07039

SUBJECT: W&L ASSOCIATES, LLC

Ref. Number: W17000043364

We have received your document for W&L ASSOCIATES, 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):

The name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Therefore, the limited liability company must select an alternate name for use in the state of Florida.

Please insert the alternate name in the space provided on the application form.

The alternate name must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC". The abbreviations "Ltd." and "Co.", also are no longer acceptable.

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: 217A00010212

## · RABINOWITZ, LUBETKIN & TULLY, L.L.C.

#### ATTORNEYS AT LAW

JONATHAN I. RABINOWITZ\*
JAY L. LUBETKINA
MARY ELLEN TULLY, RETIRED
BARRY J. ROY\*
JEFFREY A. COOPER\*
LAURA E. QUINN\*
JOHN J. HARMON\*
LARRY K. LESNIK\*

293 EISENHOWER PARKWAY • SUITE 100 LIVINGSTON, NEW JERSEY 07039 TELEPHONE: (973) 597-9100 FACSIMILE: (973) 597-9119 WWW.RLTLAWFIRM.COM \* Member NJ & NY Bars

+ Member NJ Bar

☐ MEMBER MA BAR

May 15, 2017

Florida Department of State Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314

Re: Registration of W&L Associates, LLC As Authorized To Do Business

In the State of Florida

Dear Department of State Division of Corporations:

Enclosed please find a fully executed Application By Foreign Limited Liability Company For Authorization To Transact Business in Florida, your office's form cover letter, a check in payment of the \$100 filing fee, a designation of registered agent on behalf of the subject limited liability company, your cover letter respecting designation of the registered agent, a check for the \$25 registered agent designation filing fee, and a Certificate of Good Standing for W&L Associates, LLC a New Jersey limited liability company, all being submitted in order for W&L Associates, LLC to be qualified to conduct business in the State of Florida.

Please return the documents reflecting W&L Associates, LLC's authorization to conduct business in Florida to my address referenced above.

Should there be any questions or comments concerning this matter, please feel free to call.

Very truly yours,

RABINÒWITZ, LUBETKIN & TULLY, LLC

JLL:rg

#### **COVER LETTER**

| TO: Registration Section Division of Corporatio                            | ns   |  |   |
|--|--|--|---|
| SUBJECT: W&L ASS   | sociates, LLC  |  |   |
| SUBJECT:   |  | Limited Liability Company              |   |
|  |  |  | ansact Business in Florida," Certificate of y company to transact business in Florida |
| Please return all correspondence   | concerning this matter to the  | following:                             |   |
| Jay L.   | Lubetkin, Esc  | ٦.                                     |   |
|  | N  | ame of Person                          |   |
| Rabino   | owitz, Lubetki   | n & Tully, LL                          | C   |
|  | F  | ıгт/Сотрапу                            |   |
| 293 Ei   | senhower Pa  | rkway, Suite                           | 100   |
|  |  | Address                                |   |
| Livings  | ston, New Jer  | sey 07039                              |   |
|  | City/S   | tate and Zip Code                      |   |
| jlubetki   | n@rltlawfirm.  | com                                    |   |
| <del></del>  | E-mail address: (to be use   | d for future annual report no          | ification)  |
| For further information concerning   | ng this matter, please call:   |  |   |
| Jay L. Lub   | etkin  | _at ( <u>973</u> ) <u>597</u> Day      | 7-9100  |
| Name   | of Contact Person  | Area Code Day                          | time Telephone Number   |
| MAILING ADDRESS Division of Corporation Registration Section P.O. Box 6327 |  | Division                               | F ADDRESS: of Corporations ion Section  |
| Tallahassee, FL 32314  |  | 2661 Exe                               | coutive Center Circle<br>see, FL 32301  |
| Enclosed is a check for the follows \$125.00 Filing Fee                    | ving amount:  \$\Boxed{\Omega}\$ \text{\$\Sigma}\$ \$130.00 \text{ 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:

|   | avanable, circi alicinale i   | name adopted for the purpose of transacting business in Flor  | nda. The a                      | lternate name must molude "Lumited Li  | abinty Con                        |                      | C," or "LL            | .C ")             |
|---|---|---|---------------------------------|--|-----------------------------------|----------------------|-----------------------|-------------------|
|   | Jersey  |   | 3.                              | 22-3346780   |                                   |                      |                       |                   |
| (Junse  | diction under the law of w  | hich foreign lunited liability company is organized)  | ٠.                              |  | iber, if app                      | heablei              |                       | -                 |
|   |   |   |                                 |  |                                   |                      |                       |                   |
|   |   | (Date first transacted business in Florida, if prior to r<br>(See sections 605 0904 & 605 0905, F.S. to determine   | egistration<br>ne penalty       | hability)  |                                   |                      |                       |                   |
| 556   | Main Street   |   | 6.                              | 556 Main Street  |                                   |                      |                       |                   |
|   | (Street Address of  | •   | •                               | (Mailing Ad  | dress)                            | E- 67                | 17                    | -                 |
| Orar  | nge, New Jerse  | y 07052   |                                 | Orange, New Jersey 0   | 7052                              | ES                   |                       | _                 |
|   |   |   |                                 |  |                                   |                      | Z                     |                   |
|   |   |   |                                 |  |                                   | (Z)                  | Ϋ́                    | F                 |
| Name  | e and street addres   | ss of Florida registered agent: (P.O. Box   | NOT a                           | cceptable)   |                                   |                      | 70                    | E                 |
|   | XI.   | Brian Weintraub   |                                 |  |                                   | 77.0                 | H                     | $\cup$            |
|   | Name.   | Brian Welliads  |                                 |  |                                   | i                    | Ď                     |                   |
|   |   |   |                                 |  |                                   | Q7.                  |                       |                   |
|   | Office Address:   | 8641 Lewis River Road   |                                 |  |                                   |                      | : 12                  |                   |
|   | Office Address:   |   |                                 | 33446  |                                   | ORIDA                | : 12                  |                   |
| gister<br>wing l<br>signate<br>compl                              | red agent's accep<br>been named as re<br>ted in this applica<br>ly with the provisi   | Delray Beach  | registe                         | red agent and agree to act   | d liabili<br>t in this            | capacity.            | Ifurti                | her ag            |
| gister<br>wing l<br>signate<br>compl                              | red agent's accep<br>been named as re<br>ted in this applica<br>ly with the provisi   | Delray Beach  (Cny)  tance:  gistered agent and to accept service of p  tion, I hereby accept the appointment as  ions of all statutes relative to the proper  s of my position as registered agent.  | registe<br>and con              | (Zip co<br>for the above stated limited<br>red agent and agree to act  | d liabili<br>t in this            | capacity.            | Ifurti                | her ag            |
| gister<br>wing l<br>signat<br>compl                               | red agent's accep<br>been named as re<br>ted in this applica<br>ly with the provisi   | Delray Beach  (Cny)  tance:  gistered agent and to accept service of p  tion, I hereby accept the appointment as  ons of all statutes relative to the proper  | registe<br>and con              | (Zip co<br>for the above stated limited<br>red agent and agree to act  | d liabili<br>t in this            | capacity.            | Ifurti                | her ag            |
| gister<br>wing l<br>signate<br>compl<br>d acce                    | red agent's accep<br>been named as re<br>ted in this applica<br>ly with the provisi<br>ept the obligation.<br>name, title or capa                   | Delray Beach  (Cny)  tance: gistered agent and to accept service of p tion, I hereby accept the appointment as tons of all statutes relative to the proper ts of my position as registered agent.  (Registered agent's s teity and address of the person(s) who has   | registe<br>and con<br>ignature) | (Zip co for the above stated limited cred agent and agree to acc implete performance of my inthority to manage is/are: | d liabili<br>t in this<br>duties, | capacity<br>and I am | . I furti<br>g famili | her ag<br>ar witt |
| gister<br>wing l<br>signate<br>compl<br>d acce                    | red agent's accep<br>been named as re<br>ted in this applica<br>ly with the provisi<br>ept the obligation.  | Delray Beach  (Cny)  tance: gistered agent and to accept service of p tion, I hereby accept the appointment as tons of all statutes relative to the proper to of my position as registered agent.  (Registered agent's s  | registe<br>and con<br>ignature) | (Zip co<br>for the above stated limited<br>red agent and agree to act<br>implete performance of my                     | d liabili<br>t in this<br>duties, | capacity.            | . I furti<br>g famili | her ag<br>ar witt |
| gister<br>wing l<br>signate<br>compl<br>d acce<br>The r<br>Title  | red agent's accep<br>been named as re<br>ted in this applica<br>ly with the provisi<br>ept the obligation.<br>name, title or capa                   | Delray Beach  (Cny)  tance: gistered agent and to accept service of p tion, I hereby accept the appointment as tons of all statutes relative to the proper ts of my position as registered agent.  (Registered agent's s teity and address of the person(s) who has   | registe<br>and con<br>ignature) | (Zip co for the above stated limited cred agent and agree to acc implete performance of my inthority to manage is/are: | d liabili<br>t in this<br>duties, | capacity<br>and I am | . I furti<br>g famili | her ag<br>ar witt |
| gister wing le ignate compl d acce  The r                         | red agent's accep<br>been named as re<br>ted in this applica<br>ly with the provisi<br>ept the obligation.<br>name, title or capa<br>e or Capacity: | Delray Beach  (Cny)  tance: gistered agent and to accept service of p tion, I hereby accept the appointment as ons of all statutes relative to the proper to of my position as registered agent.  (Registered agent's a tecity and address of the person(s) who has Name and Address:   | registe<br>and con<br>ignature) | (Zip co for the above stated limited cred agent and agree to acc implete performance of my inthority to manage is/are: | d liabili<br>t in this<br>duties, | capacity<br>and I am | . I furti<br>g famili | her ag<br>ar witt |
| gister wing le ignate compl d acce  The r                         | red agent's accep<br>been named as re<br>ted in this applica<br>ly with the provisi<br>ept the obligation.<br>name, title or capa<br>e or Capacity: | Delray Beach  (Cny)  tance: gistered agent and to accept service of p tion, I hereby accept the appointment as tons of all statutes relative to the proper ts of my position as registered agent.  (Registered agent's s teity and address of the person(s) who has Name and Address:  Charles Lubetkin   | registe<br>and con<br>ignature) | (Zip co for the above stated limited cred agent and agree to acc implete performance of my inthority to manage is/are: | d liabili<br>t in this<br>duties, | capacity<br>and I am | . I furti<br>g famili | her ag<br>ar witt |
| gister<br>wing I<br>signate<br>compl<br>d acce<br>The r<br>Title  | red agent's accep<br>been named as re<br>ted in this applica<br>ly with the provisi<br>ept the obligation.<br>name, title or capa<br>e or Capacity: | Delray Beach  (Cny)  tance: gistered agent and to accept service of p tion, I hereby accept the appointment as tons of all statutes relative to the proper ts of my position as registered agent.  (Registered agent's s teity and address of the person(s) who has Name and Address:  Charles Lubetkin  One Clandge Drive, Apt. 707 Verdna, NJ 07044 | registe<br>and con<br>ignature) | (Zip co for the above stated limited cred agent and agree to acc implete performance of my inthority to manage is/are: | d liabili<br>t in this<br>duties, | capacity<br>and I am | . I furti<br>g famili | her ag<br>ar witt |
| egister<br>wing I<br>signate<br>compl<br>d acce<br>The r<br>Title | red agent's accepteen named as reted in this applically with the provision the obligation name, title or cape or Capacity:                          | Delray Beach  (Cny)  tance: gistered agent and to accept service of p tion, I hereby accept the appointment as ons of all statutes relative to the proper to of my position as registered agent.  (Registered agent's s teity and address of the person(s) who has Name and Address:  Charles Lubetkin  One Clandge Drive, Apt. 707                   | registe<br>and con<br>ignature) | (Zip co for the above stated limited cred agent and agree to acc implete performance of my inthority to manage is/are: | d liabili<br>t in this<br>duties, | capacity<br>and I am | . I furti<br>g famili | her ag<br>ar witt |

Typed or printed rame of signee

Charles Lubetkin

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

#### W&L ASSOCIATES, LLC 0600017179

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 December 21, 1994.

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:

CHUCK LUBETKIN 249 ROUTE 10 EAST HANOVER, NJ 07936



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 8th day of March, 2017

Ford M. Scudder Acting State Treasurer

Certificate Number: 6078142520

Verify this certificate online at

https://www1.state.nj.us/TYTR\_StandingCert/JSP/Verify\_Cert.jsp