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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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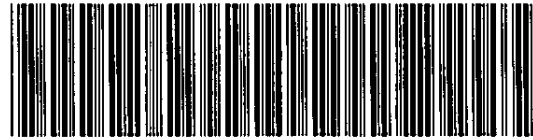
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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17 JUL 11 AM 7:09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JUL 13 2017  
J SHIVERS

## **HILL & FISCHER, P.C.**

ATTORNEY AT LAW

1117 East Genesee St.

Syracuse N.Y. 13210

Phone: 475-0000

Fax: 475-8498

[www.HillandFischer.com](http://www.HillandFischer.com)

[hfp@twcny.ny.com](mailto:hfp@twcny.ny.com)

7/7/2017

Division of Corporations

Registration Section

PO Box 6327

Tallahassee, FL 32314

Re: Registration of S+C WPB LLC

To whom it concerns:

Enclosed is the application for foreign registration of the S+C WPB LLC. Please call or email us to let us know you have received the application and when we can expect it to be processed.

Thank you for your consideration.

Very truly yours,

Hill & Fischer, P.C.

Seth A. Fischer

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** S+C WPB 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:

Seth A. Fischer  
Name of Person  
Hill & Fischer P.C.  
Firm/Company  
1117 East Genesee Street  
Address  
Syracuse, New York 13210  
City/State and Zip Code  
seth@hillandfischer.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Seth A. Fischer at ( 315 ) 475-0000  
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:

- |   |   |  |   |
|---|---|--|---|
| <input checked="" type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &<br>Certified Copy | <input type="checkbox"/> \$160.00 Filing Fee, Certificate<br>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. S+C WPB 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 York  
(Jurisdiction under the law of which foreign limited liability company is organized)
3. 30-0784000  
(FEI number, if applicable)
4. April 10, 2017  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)
5. 610 Clematis Street, 500/502  
(Street Address of Principal Office)  
West Palm Beach, Florida 33401
6. 1117 East Genesee Street  
(Mailing Address)  
Syracuse, New York 13210

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

Name: Seth A. Fischer

Office Address: 610 Clematis Street, 500/502

West Palm Beach, Florida 33401  
(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:

**Title or Capacity:**      **Name and Address:**      **Title or Capacity:**      **Name and Address:**

Member

Cathy Fischer  
5153 Peck Hill Road  
Jamesville, New York 13078

Member/Manager

Seth A. Fischer  
5153 Peck Hill Road  
Jamesville, New York 13078

(Use attachments if necessary)

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)

10. 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.

Signature of an authorized person

Seth A. Fischer

Typed or printed name of signee

17 JUL 11 AM 7:03  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**State of New York**  
**Department of State** } ss:

I hereby certify, that S+C WPB LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 05/02/2013, and that the Limited Liability Company is existing so far as shown by the records of the Department.

The Biennial Statement is past due.



\*\*\*

*WITNESS my hand and the official seal  
of the Department of State at the City of  
Albany, this 30th day of June two  
thousand and seventeen.*

*Brendan W. Fitzgerald  
Executive Deputy Secretary of State*