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D SCOTT

## COVER LETTER

	egistration Section vision of Corporations		
SUBJECT	WR Securities, LLC		
SOBSECT		of Limited Liability Company	
The enclos Existence,	ed "Application by Foreign Limited Liability Co and check are submitted to register the above ref	empany for Authorization to Transact Business in Florida," ferenced foreign limited liability company to transact busin	Certificate of ness in Florida.
Please retu	m all correspondence concerning this matter to t	he following:	
	Tom Gang		
		Name of Person	
	WR Securities, LLC		
		Firm/Company	2
	300 First Stamford Place, Suite 425		,
		Address	?) <u> </u>
	Stamford, CT 06902		7 (7
	Cir	y/State and Zip Code	<i>ប្</i> រ
	accounting@wolferesearch.com	3.	5 <b>2</b>
	E-mail address: (to be t	ised for future annual report notification)	
For furthe	information concerning this matter, please call:		
7	om Gang	646 845-0709 at ( )	
_	Name of Contact Person	Area Code Daytime Telephone Number	
E R P	ivision of Corporations egistration Section O. Box 6327 allahassec, FL 32314	STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	
	s a check for the following amount: I \$125.00 Filing Fee	Certified Copy   \$ \$155.00 Filing Fee & \$ \$160.00 Filing Fee, C of Status & Certified Copy	

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

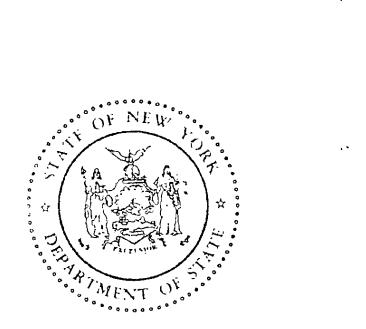
IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES THE FOILLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

(If name unavailable enter alternate t	name adopted for the purpose of transacting business	in Florida. The alternate i	same must include "Limited Lia	shility Company," "L.L.C." or "	īIc.")
2 New York		3, 80-0	451433		
	hich foreign limited liability company is organized)		(FEI num	ner, if applicable)	
4. 9/13/2018					
	(Date first transacted business in Florida, if pri (See sections 605,0904 & 605,0905, F.S. to de	or to registration.) stermine penalty (lability)			
5. 747 South Ridgewood	l Ave, Suite 106	6. 300 E	First Stamford Place,	Suite 425	
(Street Address of Principal Office)  Daytona Beach, FL 32114		(Mailing Address) Stamford CT, 06902			
Daytona Beach, FL 32			1014 (1, 00502		_
7. Name and street addre	ss of Florida registered agent: (P.O.	Box <u>NOT</u> accept	able)	2::	
Name:	Corporation Service Company		<del></del>	;	*:7
Office Address:	1201 Hays Street		_	·	موسد .
	Tallahassec		_ , Florida <u>32301</u>	သိ	
	(City)		Zip coc	de)	1. e
designated in this applicate to comply with the provis	ation, I hereby accept the appointme sions of all statutes relative to the pro	nt as registered a oper and complete	e above stated limited gent and agree to act e performance of my	t in this capacity. I fu	riher agree
designated in this applicate comply with the provision and accept the obligation	ation, I hereby accept the appointme sions of all statutes relative to the pro- its of my position as registered agent. Corporation Service Company By: They have agent	nt as registered a oper and completed the Megan L. Br	gent and agree to act e performance of my etz/Assistant Se	t in this capacity. I fu duties, and I am fun	riher agree
designated in this applicate comply with the provision and accept the obligation	ation, I hereby accept the appointme sions of all statutes relative to the pro is of my position as registered agent.	nt as registered a oper and completed the Megan L. Breen's signature) to has/have author	gent and agree to act e performance of my etz/Assistant Se	t in this capacity. I fu duties, and I am fun	vther agree lliar with
designated in this applied to comply with the provis and accept the obligation 8. The name, title or cap	ation, I hereby accept the appointment sions of all statutes relative to the pross of my position as registered agent.  Corporation Service Company  By: The prosect agent age	Megan L. Br	gent and agree to act e performance of my  etz/Assistant Se  rity to manage is/are:	t in this capucity. If under the duties, and I am fair a f	vther agree lliar with
designated in this applicate comply with the provisand accept the obligation  8. The name, title or cap  Title or Capacity:	ation, I hereby accept the appointment sions of all statutes relative to the prosess of my position as registered agent.  Corporation Service Company By:  Takes are and Address:  Tom Gang  300 First Stamford Place,	Megan L. Br	gent and agree to act e performance of my  etz/Assistant Se  rity to manage is/are:	t in this capucity. If under the duties, and I am fair a f	vther agree lliar with
designated in this applicate comply with the provisand accept the obligation  8. The name, title or cap  Title or Capacity:	ation, I hereby accept the appointment sions of all statutes relative to the prosess of my position as registered agent.  Corporation Service Company By:  Takes are and Address:  Tom Gang  300 First Stamford Place,	Megan L. Br	gent and agree to act e performance of my  etz/Assistant Se  rity to manage is/are:	t in this capucity. If under the duties, and I am fair a f	vther agree lliar with
designated in this applicate comply with the provisand accept the obligation  8. The name, title or cap  Title or Capacity:	ation, I hereby accept the appointment sions of all statutes relative to the pross of my position as registered agent.  Corporation Service Company By:  Paccepted agent.  Accepted agent.  Paccepted agent.  Sacrity and address of the person(s) when Name and Address:  Tom Gang  300 First Stamford Place, Suite 425, Stamford, CT 0	Megan L. Br	gent and agree to act e performance of my  etz/Assistant Se  rity to manage is/are:	t in this capucity. If under the duties, and I am fair a f	vther agree Hiar with

Typed or printed name of signee

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

I hereby certify, that WR SECURITIES, LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 08/03/2009, and that the Limited Liability Company is existing so far as shown by the records of the Department.



WITNESS my hand and the official seal of the Department of State at the City of Albany, this 10th day of October two thousand and eighteen.

Brendan W. Fitzgerald Executive Deputy Secretary of State