

M190000001701

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

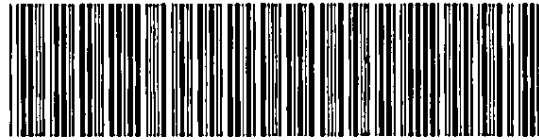
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

cert W19-13686

Office Use Only



700324054697

02/04/19--01039--017 **130.00

FILED
19 FEB 12 AM 7:12
CLERK OF STATE
TALLAHASSEE, FLORIDA

O SIMMONS
FEB 19 2019

WHG Payroll, LLC

4200 City Avenue
Philadelphia, PA 19131
Phone: (267) 433-1212
E-Mail: benjamin_hakimfar@wurzakhotels.com

Date: February 12, 2019

Send To:

Florida Department of
State

Attention:

Octavia Simmons

From:

Benjamin Hakimfar

Total Pages Including Cover: 4

Fax

☒ Urgent



Reply ASAP



Please Comment



Please Review



For Your Information



Comments:

RE: Document Number
W19000013686

Foreign Entity: WHG Payroll, LLC

Dear Ms. Simmons, enclosed please find the Certificate of Formation for WHG Payroll, LLC from the State of Pennsylvania.

Should you need anything further, please call me at (267) 433-1212. Thank you

RECEIVED
FEB 12 2019
10:11 AM
FAX

COVER LETTER

TO: Registration Section
Division of Corporations
WHG PAYROLL, LLC

SUBJECT: _____
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:

BENJAMIN S. HAKIMFAR, ESQ

Name of Person

WURZAK HOTEL GROUP

Firm/Company

4200 CITY AVENUE

Address

PHILADELPHIA, PA 19131

City/State and Zip Code

BENJAMIN_HAKIMFAR@WURZAKHOTELS.COM

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

For further information concerning this matter, please call:

BENJAMIN HAKIMFAR

267

433-1212

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:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$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. WHG PAYROLL LIMITED LIABILITY COMPANY
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," 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. PENNSYLVANIA 3. 83-3202516
(Jurisdiction under the law of which foreign limited liability company is organized) (FBI number, if applicable)

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

5. 4200 CITY AVENUE 6. 4200 CITY AVENUE
(Street Address of Principal Office) (Mailing Address)

PHILADELPHIA, PA 19131 PHILADELPHIA, PA 19131

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

Name: GREENSPOON MARDER LLP

Office Address: 200 E. BROWARD BLVD., SUITE 1800

FORT LAUDERDALE, Florida 33301
(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.

FOR FIRM: Scott J. Fuerst
(Registered agent's signature)

SCOTT FUERST, ESQ.

FILED
19 FEB 12 AM 7:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

Title or Capacity: **Name and Address:**
☒ Manager Name: HOWARD WURZAK
☐ Member Address: 4200 CITY AVENUE
☐ Authorized PHILADELPHIA, PA 19131
Person
☐ Other ☐ Other

☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized _____
Person
☐ Other ☐ Other

☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized _____
Person
☐ Other ☐ Other

Title or Capacity: **Name and Address:**
☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized _____
Person
☐ Other ☐ Other

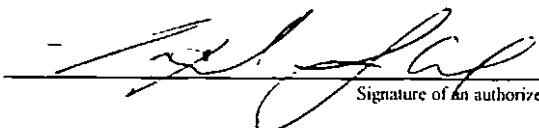
☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized _____
Person
☐ Other ☐ Other

19 FEB 12 PM 7:12
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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

HOWARD WURZAK

Typed or printed name of signer

COMMONWEALTH OF PENNSYLVANIA

DEPARTMENT OF STATE

02/18/2019

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

WHG Payroll Limited Liability Company

is duly registered as a Pennsylvania Limited Liability Company under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written

Kathly Bookman

Acting Secretary of the Commonwealth

Certification Number: TSC190218150483-1

Verify this certificate online at <http://www.corporations.pa.gov/orders/verify>