

W1900002896

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

John barrie gae permission to
update filing 3/26/19 DS

W19-29444

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600326011756

03/14/19--01017--019 **160.00

FILED
2019 MAR 14 PM 5:52
CLERK OF COURT

3/26/19 DS



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 25, 2019

JOHN BARRIE
PO BOX 895
REMSENBURG, NY 11960

SUBJECT: JWU ASSOCIATES LLC
Ref. Number: W19000029444

We have received your document for JWU ASSOCIATES LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name listed in number one of the application must be identical to the name listed in the certificate of existence.

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.

Dionne M Scott
Regulatory Specialist II

Letter Number: 019A00005876

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: JWU Associates LLC a New York Limited Liability Company
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 Barrie

Name of Person

Firm/Company

PO Box 895

Address

Remsenburg, NY 11960

City/State and Zip Code

j.barrie44@gmail.com

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

For further information concerning this matter, please call:

John Barrie

646

658-8599

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:

☐ \$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. JWU Associates, LLC
(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," "LLC," or "LLC.")

2. Suffolk County, New York
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 81-2624395
(FEI number, if applicable)

4. 3/29/2019
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 4 Holly Lane
(Street Address of Principal Office)
Remsenburg, NY 11960

6. PO Box 895
(Mailing Address)
Remsenburg, NY 11960

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

Name: Odelia Goldberg

Office Address: 33 NE 2nd Street, Suite 100

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.

Odelia Goldberg
(Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<u>MRG</u>	<u>John Barrie</u> <u>PO Box 895</u> <u>Remsenburg, NY</u>	<u>MRG</u>	<u>Bryan Antoncic</u> <u>29 Carver Terrace</u> <u>Yonkers, NY 107</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(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.

John Barrie
Signature of an authorized person

John Barrie

Typed or printed name of signer

State of New York
Department of State } ss:

I hereby certify, that JWU ASSOCIATES LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 05/05/2016, 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 25th day of February two
thousand and nineteen.*

Whitney Clark
Deputy Secretary of State