

M19000004214

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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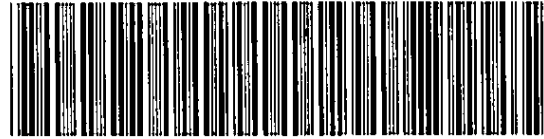
(Business Entity Name)

(Document Number)

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

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TALLAHASSEE, FLORIDA

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APR 26 2019  
M. SOLOMON

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: BURT WATSON 4 REAL, 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:

WILBUR WATSON  
Name of Person

BURT WATSON 4 REAL, LLC  
Firm/Company

3701 CONSHOHOCKEN AVE #404  
Address

PHILADELPHIA, PA 19131  
City/State and Zip Code

BURT0749@AOL.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

WILBUR WATSON at ( 267 ) 970 4655  
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. BURTWATSON 4REAL, 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. PHILADELPHIA, PENNSYLVANIA 3. 47-2137190  
(Jurisdiction under the law of which foreign limited liability company is organized) (EIN 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. 3701 CONSHOHOCKEN AVE 6. 3701 CONSHOHOCKEN AVE  
(Street Address of Principal Office) (Mailing Address)

# 404

# 404

PHILADELPHIA, PA 19131

PHILADELPHIA, PA 19131

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

X Name: Donna Gilsenan

X Office Address: 2454 Pinhurst Ln.

Fleming Island, Florida 32003  
(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.

X [Signature]  
(Registered agent's signature)

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TALLAHASSEE, FL 32304

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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: Wilbur Watson

☐ Member

Address: 3701 Conshohocken Ave.

☒ Authorized

#404

Person

Philadelphia PA 19131

☐ 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

☐ Manager

Name: \_\_\_\_\_

☐ Member

Address: \_\_\_\_\_

☐ Authorized

Person

☐ Other

☐ Other

**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.

Wilbur Watson  
Signature of an authorized person

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF STATE

03/18/2019

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

BurtWatson4Real LLC

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

*Katly Bookman*

Acting Secretary of the Commonwealth

Certification Number: TSC190318080214-1

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 4, 2019

WILBUR WATSON  
3701 CONSHOHOCKEN AVE  
#404  
PHILADELPHIA, PA 19131 US

SUBJECT: BURTWATSON4REAL LLC  
Ref. Number: W19000034519

We have received your document for BURTWATSON4REAL 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):

Please list the complete principal office address.

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.

Zakiya M Brown  
Regulatory Specialist II

Letter Number: 719A00006750