

MI9000004336

(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:

Office Use Only



200328052832

04/23/19--01022--023 \*\*125.00

TALLAHASSEE, FLORIDA

2019 APR 23 A 4:49

FILED

5/11/19 DS

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: WILMINGTON CAPITAL SECURITIES, 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:

JOHN MIKES  
Name of Person

WILMINGTON CAPITAL SECURITIES, LLC  
Firm/Company

600 OLD COUNTRY RD SUITE 200  
Address

GARDEN CITY, NY 11530  
City/State and Zip Code

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

FILED  
2013 APR 23 A  
TALLAHASSEE, FL  
6

For further information concerning this matter, please call:

JOHN MIKES at ( 516 ) 750-6200  
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. WILMINGTON CAPITAL SECURITIES, LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

WILMINGTON CAPITAL, 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. 20-1894227  
(FEI number, if applicable)

4. N/A - 4/22/19  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S., to determine penalty liability)

5. WILMINGTON CAPITAL SECURITIES, LLC  
(Street Address of Principal Office)

6. WILMINGTON CAPITAL SECURITIES, LLC  
(Mailing Address)

600 OLD COUNTRY RD #200  
GARDEN CITY, NY 11530

600 OLD COUNTRY RD #200  
GARDEN CITY, NY 11530

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

Name: JOHN BARNES

Office Address: 365 FIFTH AVENUE SOUTH #227  
NAPLES, Florida 34102  
(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.

JB Barnes  
(Registered agent's signature)

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]:

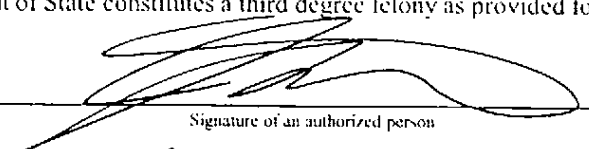
<u>Title or Capacity:</u>		<u>Name and Address:</u>		<u>Title or Capacity:</u>		<u>Name and Address:</u>	
<input type="checkbox"/> Manager	Name:	<u>RONALD DORUSHKIN</u>		<input type="checkbox"/> Manager	Name:	_____	
<input checked="" type="checkbox"/> Member	Address:	<u>WILMINGTON CAPITAL SECURITIES, LLC</u>		<input type="checkbox"/> Member	Address:	_____	
<input type="checkbox"/> Authorized		<u>600 OLD COUNTRY RD #200</u>		<input type="checkbox"/> Authorized		_____	
Person		<u>GARDEN CITY, NY 11530</u>		Person		_____	
<input type="checkbox"/> Other _____		<input type="checkbox"/> Other _____		<input type="checkbox"/> Other _____		<input type="checkbox"/> Other _____	
<input type="checkbox"/> Manager	Name:	<u>JOSEPH COLUMBO</u>		<input type="checkbox"/> Manager	Name:	_____	
<input checked="" type="checkbox"/> Member	Address:	<u>WILMINGTON CAPITAL SECURITIES, LLC</u>		<input type="checkbox"/> Member	Address:	_____	
<input type="checkbox"/> Authorized		<u>600 OLD COUNTRY RD #200</u>		<input type="checkbox"/> Authorized		_____	
Person		<u>GARDEN CITY, NY 11530</u>		Person		_____	
<input type="checkbox"/> Other _____		<input type="checkbox"/> Other _____		<input type="checkbox"/> Other _____		<input type="checkbox"/> Other _____	
<input type="checkbox"/> Manager	Name:	<u>JOHN MIKES</u>		<input type="checkbox"/> Manager	Name:	_____	
<input checked="" type="checkbox"/> Member	Address:	<u>WILMINGTON CAPITAL SECURITIES, LLC</u>		<input type="checkbox"/> Member	Address:	_____	
<input type="checkbox"/> Authorized		<u>600 OLD COUNTRY RD #200</u>		<input type="checkbox"/> Authorized		_____	
Person		<u>GARDEN CITY, NY 11530</u>		Person		_____	
<input type="checkbox"/> Other _____		<input type="checkbox"/> Other _____		<input type="checkbox"/> Other _____		<input type="checkbox"/> Other _____	

FILED  
2018 APR 23  
A 4 56 PM  
TALLAHASSEE, FLORIDA  
CLERK OF CIRCUIT COURT

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  
JOHN MIKES  
\_\_\_\_\_  
Typed or printed name of signer

State of New York  
Department of State } ss:

I hereby certify, that GHS CAPITAL MANAGEMENT, LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 11/18/2004, and that the Limited Liability Company is existing so far as shown by the records of the Department.

A Certificate of Amendment GHS CAPITAL MANAGEMENT, LLC, changing its name to WILMINGTON CAPITAL SECURITIES, LLC, was filed 11/27/2007.



2009 APR 23 A 4:09  
TALLAHASSEE, FLORIDA

FILED

\*\*\*

WITNESS my hand and the official seal  
of the Department of State at the City of  
Albany, this 16th day of April two  
thousand and nineteen.

Whitney Clark  
Deputy Secretary of State