

M19000005374

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

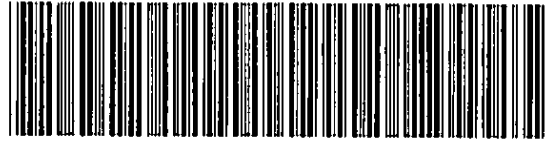
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2019 MAY 20 PM 4:42
CLERK OF COURT

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JUN 03 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Belsono Management Group, 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:

Laurie J. Wright

Name of Person

Belsono Management Group, LLC

Firm/Company

115 Route 46, Suite G-51

Address

Mountain Lakes, NJ 07046

City/State and Zip Code

lwright@belsonousa.com

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

For further information concerning this matter, please call:

Laurie J. Wright

Name of Contact Person

973

at ()

Area Code

588-7266 ext. 10043

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

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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. Belsono Management Group, 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. Delaware

(Jurisdiction under the law of which foreign limited liability company is organized)

3. 81-2350990

(FEI 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. 115 Route 46, Suite G-51

(Street Address of Principal Office)

Mountain Lakes, NJ 07046

6. 115 Route 46, Suite G-51

(Mailing Address)

Mountain Lakes, NJ 07046

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

Name: J. Weizman

Office Address:

c/o Professional Audiology Associates
2161B South US Highway 1

Jupiter

(City)

33477
Florida

(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.

(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]:

Title or Capacity: **Name and Address:**

☐ Manager Name: Amir Hadar

☒ Member Address: Belsono Management Group

☐ Authorized 115 Route 46, Suite G-51

Person Mountain Lakes, NJ 07046

☐ Other ☐ Other

☐ Manager Name: David Dutson

☐ Member Address: 115 Route 46, Suite-G

☒ Authorized

Person

☐ Other ☐ Other

☐ Manager Name:

☐ Member Address:

☐ Authorized

Person

☐ Other ☐ Other

Title or Capacity: **Name and Address:**

☐ Manager Name: Jonathan Weizman

☒ Member Address: Belsono Management Group

☐ Authorized 115 Route 46, Suite G-51

Person Mountain Lakes, NJ 07046

☐ Other ☐ Other

☐ Manager Name:

☐ Member Address:

☐ Authorized

Person

☐ Other ☐ Other

☐ Manager Name:

☐ Member Address:

☐ Authorized

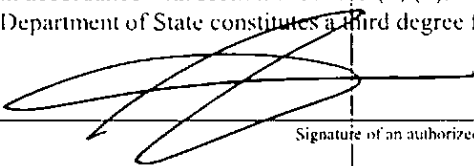
Person

☐ 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.


Signature of an authorized person

Jonathan Weizman
Typed or printed name of signer

Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "BELSONO MANAGEMENT GROUP, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SEVENTH DAY OF MAY, A.D. 2019.

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SECRETARY OF STATE
DELAWARE




Jeffrey W. Bullock, Secretary of State

6021925 8300

SR# 20193481044

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 202779475

Date: 05-07-19