

MI90000011260

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

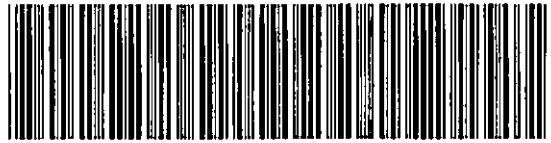
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

W19-64235

next current CUD name

Office Use Only *must match*



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07/01/19--01029--014 \*\*1085.00

2019 NOV 20 PM 1:01  
STATE OF NEW YORK  
RECEIVED

NOV 25 2019  
M. SOLOMON

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Commonwealth Opportunity Fund 2, 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:

Theodore Cavaliere

Name of Person

Commonwealth Capital Corporation

Firm/Company

17755 US Hwy 19 North, Suite # 400

Address

Clearwater, Florida 33764

City/State and Zip Code

ccdeptofax@ccclease.com

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

For further information concerning this matter, please call:

Matt Miller

727

450-0750

Name of Contact Person

at ( )

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  
2551 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

\*Paid Already, a total of \$1,085.00 as of 7/16/2019

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. Commonwealth Opportunity Fund 2, 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. Pennsylvania

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

3. 453413081

(FBI number, if applicable)

4. 01/01/2016

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

5. 17755 US Hwy 19 North

(Street Address of Principal Office)

6. 17755 US Hwy 19 North

(Mailing Address)

Suite # 400

Suite # 400

Clearwater, Florida 33764

Clearwater, Florida 33764

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

Name:

Corporation Service Company

Office Address:

1201 Hays Street

Tallahassee

(City)

, Florida

32301

(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 Lynn Cannelongo

Lynn Cannelongo, Assistant VP

(Registered agent's signature)

2018 NOV 20 PM 1:01

FILED

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: Kimberly Springsteen-Abbott

☐ Member Address: 17755 US Hwy 19 North

☐ Authorized Suite # 400

Person Clearwater, Florida 33764

☒ Other CEO ☐ Other \_\_\_\_\_

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

☐ Manager Name: \_\_\_\_\_

☐ Member Address: \_\_\_\_\_

☐ Authorized \_\_\_\_\_

Person \_\_\_\_\_

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Manager Name: Theodore Cavaliere

☐ Member Address: 17755 US Hwy 19 North

☐ Authorized Suite # 400

Person Clearwater, Florida 33764

☒ Other FIN OP ☐ Other \_\_\_\_\_

☐ 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.

X Theodore Cavaliere

Signature of an authorized person

THEODORE CAVALIERE

Typed or printed name of signer

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF STATE

08/20/2019

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

Commonwealth Opportunity Fund 2, LLC

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

I DO FURTHER CERTIFY THAT this Certificate of Registration 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: TSC190819172030-1

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



NOV 20 2019

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 1, 2019

THEODORE CAVALIERE  
17755 US HWY 19 NORTH, SUITE 400  
CLEARWATER, FL 33764

SUBJECT: COMMONWEALTH OPPORTUNITY FUND II, LLC  
Ref. Number: W19000064235

We have received your document for COMMONWEALTH OPPORTUNITY FUND II, LLC. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

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

*\* Fixed*

If you wish to use II instead of 2, as listed on your certificate of goodstanding, then you should also list the name on the alternate name line with 2.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Mel Solomon  
Regulatory Specialist II Supervisor

Letter Number: 119A00022597

NOV 15 2019



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

AUG 19 2019

July 16, 2019

THEODORE CAVALIERE  
17755 US HWY 19 NORTH, SUITE 400  
CLEARWATER, FL 33764

SUBJECT: COMMONWEALTH OPPORTUNITY FUND II, LLC  
Ref. Number: W19000054235

We have received your document for COMMONWEALTH OPPORTUNITY FUND II, LLC and your check(s) totaling \$1085.00. 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.

The certificate of existence must be issued within the last 90 days by the Secretary of State which has custody of the records in the jurisdiction under the laws of which the above-listed entity is incorporated/organized.

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.

Stacy Prather  
Regulatory Specialist III

Letter Number: 419A00014201

RECEIVED  
AUG 23 2019