

M20000003338

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

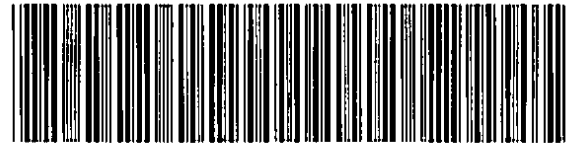
(Business Entity Name)

(Document Number)

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

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2020 MAR 27 PM 1:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MAR 30 2020

M. SOLOMON



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 12, 2020

JEFF LOVALLO  
5501 CAMP RD STE 517  
HAMBURG, NY 14075 US

SUBJECT: WELLINGTON CAPITAL PARTNERS LLC  
Ref. Number: W20000026664

We have received your document for WELLINGTON CAPITAL PARTNERS LLC and check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Laura D Chang  
Regulatory Specialist II

Letter Number: 620A00005509

\* Please see the enclosed original certificate of good standing from Wellington Capital Partners LLC. I have included a self-addressed envelope so it can be mailed back.

Thank you,  
Joyce

RECEIVED

MAR 27 2020

[www.sunbiz.org](http://www.sunbiz.org)

COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: Wellington Capital Partners 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:

Jeff Lovallo

Name of Person

Wellington Capital Partners LLC

Firm/Company

5501 Camp Rd. Ste 517

Address

Hamburg, NY 14075

City/State and Zip Code

JFANNING@WellingtonCP.com

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

For further information concerning this matter, please call:

Jeff Lovallo

Name of Contact Person

at ( 716 )

Area Code

341-7524

Daytime Telephone Number

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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. Wellington Capital Partners LLC  
(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "LLC," or "LLP.")

Wellington Capital Partners NY 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 "LLP.")

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

3. \_\_\_\_\_  
(FEI number, if applicable)

4. 09/26/2018  
(Date first transacted business in Florida, if prior to registration)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 5813 South Park Ave.  
(Street Address of Principal Office)

6. 5501 Camp Rd. Ste 517  
(Mailing Address)

Hamburg, NY 14075

Hamburg, NY 14075

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

Name: URS AGENTS, LLC

Office Address: 3458 Lakeshore Drive

Tallahassee, Florida 32312  
(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.

K. Bishop  
(Registered agent's signature)

Kanetha Bishop, Asst. Secretary

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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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]:

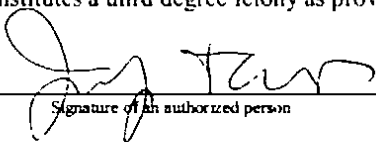
<u>Title or Capacity:</u>		<u>Name and Address:</u>		<u>Title or Capacity:</u>		<u>Name and Address:</u>	
<input type="checkbox"/> Manager	Name:	<u>Joyce Fanning</u>		<input checked="" type="checkbox"/> Manager	Name:	<u>Jeff Lovullo</u>	
<input type="checkbox"/> Member	Address:	<u>5813 South Park Ave.</u>		<input type="checkbox"/> Member	Address:	<u>5813 South Park Ave</u>	
<input checked="" type="checkbox"/> Authorized		<u>Hamburg, NY 14075</u>		<input type="checkbox"/> Authorized		<u>Hamburg, NY 14075</u>	
Person				Person			
<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other	
<input type="checkbox"/> Manager	Name:			<input type="checkbox"/> Manager	Name:		
<input type="checkbox"/> Member	Address:			<input type="checkbox"/> Member	Address:		
<input type="checkbox"/> Authorized				<input type="checkbox"/> Authorized			
Person				Person			
<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other	
<input type="checkbox"/> Manager	Name:			<input type="checkbox"/> Manager	Name:		
<input type="checkbox"/> Member	Address:			<input type="checkbox"/> Member	Address:		
<input type="checkbox"/> Authorized				<input type="checkbox"/> Authorized			
Person				Person			
<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other	

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CLERK OF STATE  
TALLAHASSEE, FLORIDA

**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

Joyce Fanning  
Typed or printed name of signer

**State of New York**  
**Department of State** } ss:

I hereby certify, that WELLINGTON CAPITAL PARTNERS LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 09/26/2018, and that the Limited Liability Company is existing so far as shown by the records of the Department.



\*\*\*

*WITNESS my hand and the official seal  
of the Department of State at the City of  
Albany, this 28th day of February two  
thousand and twenty.*

*Brendan C Hughes*

Brendan C Hughes

Executive Deputy Secretary of State