

N20000007551

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

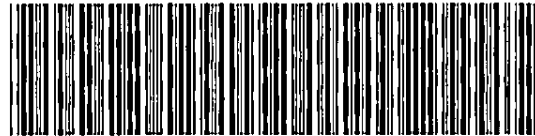
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W20000087144

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07/28/20--01035--028 ++160.00

FILED
2020 AUG 28 PM 3:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

US
9/11/20



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 10, 2020

CHARLES OH
HARBORSIDE FINANCIAL CENTER PLAZA 5
185 HUDSON STREET, SUITE:1410
JERSEY CITY, NJ 07311

SUBJECT: WALLACHBETH HOLDINGS, LLC
Ref. Number: W20000087144

We have received your document for WALLACHBETH HOLDINGS, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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.

Yvette Scott
Document Specialist II

Letter Number: 420A00014975

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: WallachBeth Holdings, 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:

Charles Oh

Name of Person

WallachBeth Holdings, LLC

Firm/Company

Harborside Financial Center Plaza 5, 185 Hudson Street, Suite 1410

Address

Jersey City, NJ 07311

City/State and Zip Code

coh@wallachbeth.com

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

For further information concerning this matter, please call:

Charles Oh

646

998-7610

at ()

Name of Contact Person

Area Code

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

FILED
2020 AUG 28 PM 3:17
TALLAHASSEE, FLORIDA
DEPARTMENT OF STATE

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. WallachBeth Holdings, 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. New York State
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 32-0246342
(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. Harborside Financial Center Plaza 5
(Street Address of Principal Office)

6. Harborside Financial Center Plaza 5
(Mailing Address)

185 Hudson Street, Suite 1410

185 Hudson Street, Suite 1410

Jersey City, NJ 07311

Jersey City, NJ 07311

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

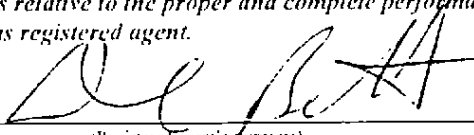
Name: David Beth

Office Address: 7999 North Federal Highway, Suite 100

Boca Raton, Florida 33487
(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 
(Registered agent's signature)

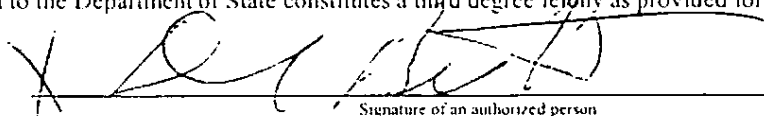
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<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>Michael Wallach</u>	<input type="checkbox"/> Manager	Name: <u>David Beth</u>
<input checked="" type="checkbox"/> Member	Address: <u>7999 North Federal Highway</u>	<input checked="" type="checkbox"/> Member	Address: <u>7999 North Federal Highway</u>
<input type="checkbox"/> Authorized	<u>Suite 100</u>	<input type="checkbox"/> Authorized	<u>Suite 100</u>
Person	<u>Boca Raton, FL 33487</u>	Person	<u>Boca Raton, FL 33487</u>
<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 _____

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

David Beth

Typed or printed name of signer

State of New York
Department of State } ss:

I hereby certify, that WALLACHBETH HOLDINGS, LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 04/23/2008, and that the Limited Liability Company is existing so far as shown by the records of the Department.



FILED
2020 AUG 28 PM 3:17
TALLAHASSEE, FLORIDA

*WITNESS my hand and the official seal
of the Department of State at the City of
Albany, this 21st day of August two
thousand and twenty.*

Brendan C. Hughes

Brendan C Hughes
Executive Deputy Secretary of State