

N20000007552

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

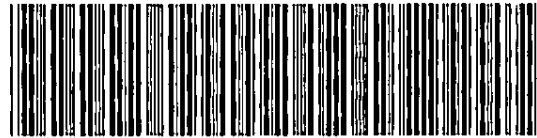
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W20000087140

Office Use Only



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07/28/20--01036--029 **160.00

FILED
2020 AUG 28 PM 3:20
TALLAHASSEE, FLORIDA

45
9/1/20 ✓



Member FINRA/SIPC

Harborside Financial Center Plaza 5
185 Hudson Street, Suite 1410
Jersey City, NJ 07311
646-237-8585 m
201-432-6824 fax
accounting@wallachbeth.com
www.wallachbeth.com

Ms. Yvette Scott
Florida Department of State
Division of Corporations
Tallahassee, Florida 32314

August 27, 2020

Re: WallachBeth Capital, LLC - Ref. Number: W20000087140
WallachBeth Holdings, LLC - Ref. Number: W20000087144

Dear Ms. Yvette Scott,

Per your instruction, I am returning the applications with current certificates of existence for WallachBeth Capital, LLC and WallachBeth Holdings, LLC. I made sure that the certificates are issued within the last 90 days.

Please do NOT hesitate to contact me if you need anything else from us or have any questions. Otherwise, please process the applications at your earliest convenience.

Sincerely yours,

Charles Oh

Charles Oh
CFO
coh@wallachbeth.com
Direct: 646-998-7610

RECEIVED
AUG 28 2020



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 CAPITAL, LLC
Ref. Number: W20000087140

We have received your document for WALLACHBETH CAPITAL, 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: 120A00014975

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: WallachBeth Capital, 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 Capital, 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

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 Capital, 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 3. 32-0246341
(Jurisdiction under the law of which foreign limited liability company is organized) (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 6. Harborside Financial Center Plaza 5
(Street Address of Principal Office) (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]:

Title or Capacity: Name and Address:

☒ Manager Name: Michael Wallach

☐ Member Address: 7999 North Federal Highway

☐ Authorized Suite 100

Person Boca Raton, FL 33487

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

Title or Capacity: Name and Address:

☒ Manager Name: David Beth

☐ Member Address: 7999 North Federal Highway

☐ Authorized Suite 100

Person Boca Raton, FL 33487

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

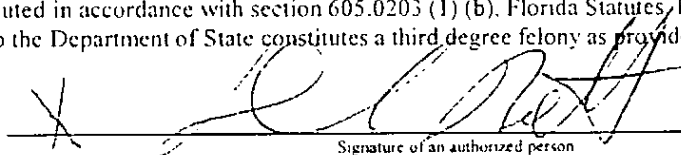
Person _____

☐ 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

David Beth

Typed or printed name of signer

State of New York
Department of State } ss:

I hereby certify, that WALLACHBETH CAPITAL, 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.



2022 AUG 29 PM 3:21
101 Albany, NY 12242

*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