

M22000006356

(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:

Office Use Only



800385742838

05/05/22--01010--001 \*\*1318.75

RECEIVED  
APR 19 2022

2022 APR 19 PM 12:20

APPROVED  
AND  
FILED

APR 19 2022  
K. Brumbley

FREDERICK R. MACLEAN  
ANNE B. MACLEAN  
CHRISTOPHER J. EMA  
LAURA G. MACLEAN

**MACLEAN & EMA**  
Attorneys and Counselors at Law P.A.

BRIAN V. BERGMAN  
ADAM A. AULET, JR.  
AIMEE K. ARCE  
LILLIAN T. NAGLE  
\* ALSO ADMITTED IN ILLINOIS

April 18, 2022

**SENT VIA FEDERAL EXPRESS  
TRACKING #7766 0832 9270**

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

Re: DEWEY PLACE ASSOCIATES, L.L.C.

To whom it may concern:

Enclosed please find an application by DEWEY PLACE ASSOCIATES, L.L.C., a foreign limited liability company, for authorization to transact business in Florida and a check in the amount of \$1,318.75, representing the fees for the filing of this application.

Should you have any questions regarding this transmittal, please do not hesitate to contact our office.

Very truly yours,

Madeline R. MacLean

Enclosures: as noted

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. DEWEY PLACE ASSOCIATES, L.L.C.  
(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 Jersey 20-0472934  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. April 14, 2017  
(Date first transacted business in Florida, if prior to registration)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 2100 NE 30th Street 2100 NE 30th Street  
(Street Address of Principal Office) (Mailing Address)

Lighthouse Point, FL 33064 Lighthouse Point, FL 33064

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

Name: Peter B. Ferraro  
Office Address: 2100 NE 30th Street  
Lighthouse Point 33064  
(City) , Florida (Zip code)

APPROVED  
AND  
FILED  
2022 APR 19 PM 12:20  
CLERK OF CIRCUIT COURT  
IN AND FOR THE COUNTY OF DADE  
FLORIDA

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)

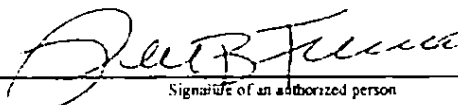
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<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>Peter B. Ferraro</u>	<input type="checkbox"/> Manager	Name: _____
<input checked="" type="checkbox"/> Member	Address: <u>2100 NE 30th Street</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	<u>Lighthouse Point, FL 33064</u>	<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 _____
 <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

Peter B. Ferraro

\_\_\_\_\_  
Typed or printed name of signer

**STATE OF NEW JERSEY  
DEPARTMENT OF THE TREASURY  
DIVISION OF REVENUE AND ENTERPRISE SERVICES  
SHORT FORM STANDING**

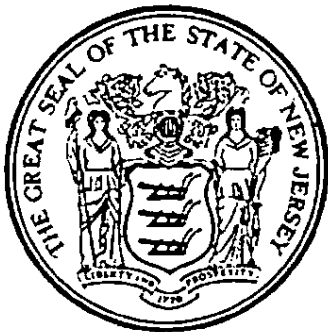
**DEWEY PLACE ASSOCIATES, L.L.C.  
0600158018**

*I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Limited Liability Company was registered by this office on December 19, 2002.*

*As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.*

*I further certify that the registered agent and office are:*

**PETER B FERRARO  
3-35 BANTA PLACE  
FAIR LAWN, NJ 07410**



*IN TESTIMONY WHEREOF, I have  
hereunto set my hand and affixed  
my Official Seal at Trenton, this  
15th day of March, 2022*

**Elizabeth Maher Muoio  
State Treasurer**

Certificate Number : 6129630902

Verify this certificate online at

[https://www1.state.nj.us/TYTR\\_StandingCert/JSP/Verify\\_Cert.jsp](https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp)