

M22000007500

(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:

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Wrona form 8/14



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S. PRATHER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 22, 2024

INGLESINO TAYLOR
LISA D. TAYLOR, ESQ
600 PARSIPPANY ROAD
PARSIPPANY, NJ 07054

SUBJECT: INGLESINO, WYCISKALA, TAYLOR & DRISCOLL, LLC
Ref. Number: W24000106183

We have received your document for INGLESINO, WYCISKALA, TAYLOR & DRISCOLL, LLC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA PROFIT CORPORATION, but your entity is a FOREIGN LLC. Please complete and return the enclosed blank form(s).

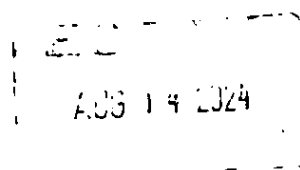
A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is 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.

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) 245-6939.

Stacy Prather
Regulatory Specialist III

Letter Number: 624A00016087



COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Inglesino, Wyciskala, Taylor, Driscoll & Grieco, LLC
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Lisa D. Taylor, Esq.

Name of Person

Inglesino Taylor

Firm/Company

600 Parsippany Road, Suite 204

Address

Parsippany, New Jersey 07054

City/State and Zip Code

ltaylor@itfirm.law

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

For further information concerning this matter, please call:

Lisa D. Taylor, Esq. at () 973-947-7111
Name of 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:

- ☐ \$25 Filing Fee ☒ \$30 Filing Fee & Certificate of Status ☐ \$55 Filing Fee & Certified Copy ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of
State: Inglesino, Wyciskala, Taylor, Driscoll & Grieco, LLC

Enter new principal office address, if applicable: _____

(Principal office address
MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: _____

(Mailing address
MAY BE A POST OFFICE BOX)

2. The Florida document number of this limited liability company is: M22000007500

3. Jurisdiction of its organization: New Jersey

4. Date authorized to do business in Florida: 5/12/2022

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: _____
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

Inglesino, Wyciskala, Taylor & Driscoll, LLC

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida Street Address

_____, Florida _____
City Zip Code

New Registered Agent's Signature, if changing Registered Agent:

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 as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
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_____	_____	_____	<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

Signature of the authorized representative
Lisa D. Taylor, Esq.

Typed or printed name of signee

Filing Fee: \$25.00

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

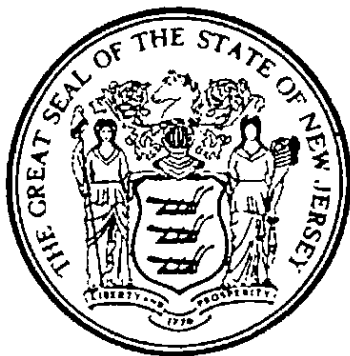
INGLESINO, WYCISKALA, TAYLOR & DRISCOLL, LLC
0400347895

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 May 10, 2010.

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:

JOHN P. INGLESINO
600 PARSIPPANY RD
SUITE 204
PARSIPPANY, NJ 07054



*IN TESTIMONY WHEREOF, I have
hereunto set my hand and affixed
my Official Seal at Trenton, this
1st day of August, 2024*

A handwritten signature in black ink, appearing to read "Elizabeth Maher Muoio".

Elizabeth Maher Muoio
State Treasurer

Certificate Number 6155807375

Verify this certificate online at

https://www1.state.nj.us/TYTR_StandingCert/ISP/Verify_Cert.jsp

RNC

FILED

MAY 15 2024

STATE TREASURER

INGLESINO, WYCISKALA, TAYLOR, DRISCOLL & GRIECO, LLC
FIFTH AMENDED AND RESTATED CERTIFICATE OF FORMATION

Pursuant to the provisions of the New Jersey Limited Liability Company Act, the undersigned, in order to further Amend and Restate the Certificate of Formation of a limited liability company filed on May 10, 2010 and amended on July 8, 2010, February 1, 2014, January 9, 2015, and April 13, 2023, which limited liability company was assigned identification number 0400347895 by the New Jersey Department of the Treasury Division of Revenue, hereby certifies:

0400347895

FIRST: The name of the limited liability company is amended to be Inglesino, Wyciskala, Taylor & Driscoll, LLC.

SECOND: The purpose of the limited liability company shall be the provision of professional legal services as authorized by, and in accordance with, applicable law, provided however that such legal services shall only be provided by licensed attorneys. In addition, the limited liability company may do and perform such activities that are ancillary to, or supportive of, the provision of professional legal services, provided that such activities are permitted by applicable law.

THIRD: The address of the limited liability company's registered office is 600 Parsippany Road, Suite 204, Parsippany, New Jersey 07054, and the name of the registered agent at such address is John P. Inglesino.

FOURTH: The number of members constituting the limited liability company at the time of filing of this Fifth Amended and Restated Certificate of Formation is six (6). Additional members may be authorized by the unanimous consent of the other

members, but shall not require the filing of a further amended and restated certificate of formation.

FIFTH: Only individuals holding licenses to provide professional legal services may be members of the limited liability company.

SIXTH: As of this filing, John P. Inglesino is the Managing Member.

SEVENTH: The period of duration for the limited liability company shall be perpetual.

EIGHTH: An operating agreement of the limited liability company has been adopted by the members, and the power to make, alter and repeal the operating agreement is reserved to the members.

NINTH: The members shall not be liable for the debts of the limited liability company.

TENTH: This Fifth Amended and Restated Certificate of Formation was authorized by a super-majority vote of the Members.

ELEVENTH: This Fifth Amended and Restated Certificate of Formation is to be effective as of the date of this filing.

IN WITNESS WHEREOF, the undersigned has executed this Second Amended and Restated Certificate of Formation and has certified this as his act and deed and the facts herein stated as true as of this 15th day of May, 2024.


John P. Inglesino, Managing Member