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Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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H220003048483ABC

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To:  
Division of Corporations  
Fax Number : (850)617-6383

From:  
Account Name : ALLSTATE CORPORATE SERVICES CORP  
Account Number : I20040000031  
Phone : (800)906-9220  
Fax Number : (800)906-9880

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

Foreign Limited Liability Company  
KENNETH LAWRENCE COMPANY LLC

|                       |          |
|-----------------------|----------|
| Certificate of Status | 1        |
| Certified Copy        | 0        |
| Page Count            | 01       |
| Estimated Charge      | \$130.00 |

2022 SEP -6 AM 11:21

2022 SEP -6 PM 3:29

(((H22000304848 3)))

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. KENNETH LAWRENCE COMPANY 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  
(Jurisdiction under the law of which foreign limited liability company is organized)

3. \_\_\_\_\_  
(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. 1515 SOUTH FEDERAL HIGHWAY  
(Street Address of Principal Office)

6. 632 BROADWAY, SUITE 701  
(Mailing Address)

BOCA RATON, FL 33432

NEW YORK, NY 10012

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

Name: BRADLEY FISHEL

Office Address: 1515 SOUTH FEDERAL HIGHWAY

BOCA RATON, Florida 33432  
(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.

BRADLEY FISHEL

2022 SEP -6 PM 3:29

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>BRADLEY FISHEL</u>             | <input type="checkbox"/> Manager     | Name: _____                          |
| <input checked="" type="checkbox"/> Member | Address: <u>632 BROADWAY, SUITE 701</u> | <input type="checkbox"/> Member      | Address: _____                       |
| <input type="checkbox"/> Authorized        | <u>NEW YORK, NY 10012</u>               | <input type="checkbox"/> Authorized  | _____                                |
| Person                                     | _____                                   | Person                               | _____                                |
| <input type="checkbox"/> Other _____       | <input type="checkbox"/> Other _____    | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ |
| <br><input type="checkbox"/> Manager       | <br>Name: _____                         | <br><input type="checkbox"/> Manager | <br>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 _____ |
| <br><input type="checkbox"/> Manager       | <br>Name: _____                         | <br><input type="checkbox"/> Manager | <br>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.

**BRADLEY FISHEL**

\_\_\_\_\_  
Signature of an authorized person

**BRADLEY FISHEL**

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

STATE OF NEW YORK

DEPARTMENT OF STATE

Certificate of Status

I, ROBERT J. RODRIGUEZ, Secretary of State of the State of New York and custodian of the records required by law to be filed in my office, do hereby certify that upon a diligent examination of the records of the Department of State, as of the date and time of this certificate, the following entity information is reflected:

Entity Name: KENNETH LAWRENCE COMPANY LLC  
DOS ID Number: 2397734  
Entity Type: DOMESTIC LIMITED LIABILITY COMPANY  
Entity Status: EXISTING  
Date of Initial Filing with DOS: 07/13/1999  
Statement Status: CURRENT  
Statement Due Date: 07/31/2023

I certify that the following is a list of documents on file in the Department of State for said entity:

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Document Type: ARTICLES OF ORGANIZATION  
Date of Filing: 07/13/1999  
Entity Name: KENNETH LAWRENCE COMPANY LLC

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Document Type: AFFIDAVIT OF PUBLICATION  
Date of Filing: 10/05/1999

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Document Type: AFFIDAVIT OF PUBLICATION  
Date of Filing: 10/05/1999

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Document Type: BIENNIAL STATEMENT  
Date of Filing: 06/28/2001  
Effective Date: 07/01/2001

Document Type: BIENNIAL STATEMENT  
Date of Filing: 07/02/2003  
Effective Date: 07/01/2003

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Document Type: BIENNIAL STATEMENT  
Date of Filing: 07/13/2005  
Effective Date: 07/01/2005

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Document Type: BIENNIAL STATEMENT  
Date of Filing: 07/11/2007  
Effective Date: 07/01/2007

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Document Type: BIENNIAL STATEMENT  
Date of Filing: 07/21/2009  
Effective Date: 07/01/2009

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Document Type: BIENNIAL STATEMENT  
Date of Filing: 07/21/2011  
Effective Date: 07/01/2011

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Document Type: BIENNIAL STATEMENT  
Date of Filing: 07/12/2013  
Effective Date: 07/01/2013

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Document Type: BIENNIAL STATEMENT  
Date of Filing: 07/06/2015  
Effective Date: 07/01/2015

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Document Type: BIENNIAL STATEMENT  
Date of Filing: 07/05/2017  
Effective Date: 07/01/2017

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Document Type: BIENNIAL STATEMENT  
Date of Filing: 07/10/2019  
Effective Date: 07/01/2019

Document Type: BIENNIAL STATEMENT  
Date of Filing: 03/24/2022  
Effective Date: 07/01/2021

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No information is available from this office regarding the financial condition, business activity or practices of this entity.

WITNESS my hand and official seal of the Department  
of State, at the City of Albany, on September 05, 2022  
at 02:46 P.M.



ROBERT J. RODRIGUEZ, Secretary of State

*Brendan C. Hughes*

By Brendan C. Hughes  
Executive Deputy Secretary of State