

M230000010793

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

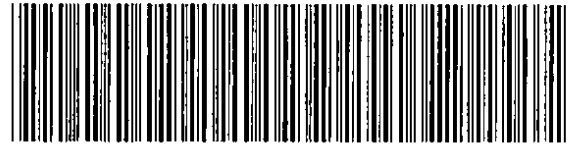
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W23000102454

Office Use Only



500412621195

07/24/23--01026--018 **125.00

2023 AUG 14 PM 3:52
5:41:30
2023 AUG 14



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 27, 2023

ROGER CONOVER
66 FORD ROAD, SUITE 212
DENVER, NJ 07834 US

SUBJECT: WISEENGINEERING, LLC
Ref. Number: W23000102456

We have received your document for WISEENGINEERING, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

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.

Andrea Andrews
Regulatory Specialist II

Letter Number: 723A00016873

RECEIVED
AUG 14 2023

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: WisEngineering, 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:

Roger Conover

Name of Person

WisEngineering, LLC

Firm/Company

66 Ford Road, Suite 212

Address

Denville, NJ 07834

City/State and Zip Code

reconover@wisengineering.com

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

For further information concerning this matter, please call:

Roger Conover

862

209-1062

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. WisEngineering, 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 Jersey

(Jurisdiction under the law of which foreign limited liability company is organized)

3. 20-1315935

(FEI number, if applicable)

4. 07/01/2023

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

5. 2018 Golden Arm Road

(Street Address of Principal Office)

6. 2018 Golden Arm Road

(Mailing Address)

Deltona, FL 32738-1262

Deltona, FL 32738-1262

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

Name: Registered Agents Inc

Office Address: 7901 4th St N STE 300

St. Petersburg

(City)

, Florida 33702

(Zip code)

2023 AUG 14 PM 3:52
FILED

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.

Daily 2023

(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: Cheryl Hall | <input type="checkbox"/> Manager | Name: Tim Haar |
| <input checked="" type="checkbox"/> Member | Address: 103 Claremont Avenue | <input checked="" type="checkbox"/> Member | Address: 614 Sixth Street |
| <input type="checkbox"/> Authorized | | <input type="checkbox"/> Authorized | |
| Person | Montclair, NJ 07042 | Person | Milford, PA 18337 |
| <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.

Cheryl Hall

Signature of an authorized person

Cheryl Hall

Typed or printed name of signer

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

WISEENGINEERING LLC

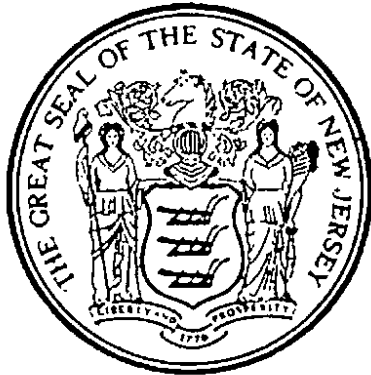
0400061903

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 July 01, 2004.

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:

WISEENGINEERING, LLC
66 FORD ROAD
SUITE 212
DENVER, NJ 07834



*IN TESTIMONY WHEREOF, I have
hereunto set my hand and affixed
my Official Seal at Trenton, this
29th day of June, 2023*

Elizabeth Maher Muoio
State Treasurer

Certificate Number : 6144439917

Verify this certificate online at

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

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

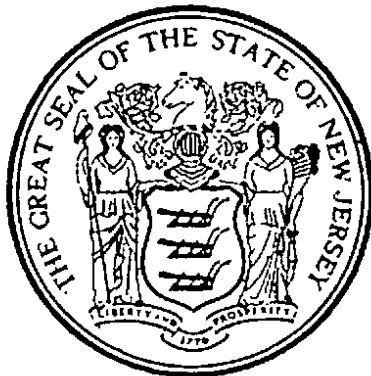
WISEENGINEERING LLC
0400061903

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 July 01, 2004.

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:

WISEENGINEERING, LLC
66 FORD ROAD
SUITE 212
DENVER, NJ 07834



*IN TESTIMONY WHEREOF, I have
hereunto set my hand and affixed
my Official Seal at Trenton, this
29th day of June, 2023.*

Elizabeth Maher Muoio
State Treasurer

Certificate Number : 6144439917

Verify this certificate online at

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