

M240000003537

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

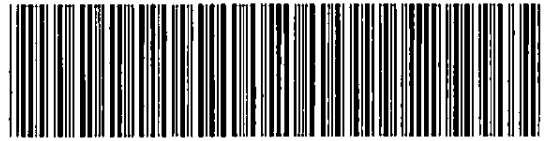
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



800424623688

03/04/24--01002--013 \*\*125.00

6021 MAR -4 AM 4:54

**MARGULIS GELFAND  
DIRUZZO & LAMBSON**

Joseph A. DiRuzzo, III, Esq., CPA  
jd@margulisgelfand.com

Feb. 26, 2024

Via USPS

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: registration of a foreign LLC (Margulis Gelfand, LLC)

To Whom It May Concern:

Enclosed please find the completed form to register a foreign limited liability company to transact business in Florida. Additionally, enclosed please find check no. 1117 in the amount of \$125.00 for (i) the filing fee for application and (ii) designation of registered agent.

Kind Regards,



Joseph A. DiRuzzo, III

JAD/  
Enc. as stated

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Margulis Gelfand, 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:

Joseph A. DiRuzzo, III

\_\_\_\_\_  
Name of Person

Margulis Gelfand, LLC

\_\_\_\_\_  
Firm/Company

401 East Las Olas Blvd., Suite 1400,

\_\_\_\_\_  
Address

Ft. Lauderdale, FL 33301

\_\_\_\_\_  
City/State and Zip Code

jd@margulisgelfand.com

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

For further information concerning this matter, please call:

Joseph A. DiRuzzo, III

786

261-8637

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. Margulis Gelfand, 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. Missouri 3. 82-3703101  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 1/2/2024  
(Date first transacted business in Florida, if prior to registration)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 7700 Bonhomme Ave., Suite 750 6. 7700 Bonhomme Ave., Suite 750  
(Street Address of Principal Office) (Mailing Address)  
St. Louis, MO 63105 St. Louis, MO 63105


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

Name: Joseph A. DiRuzzo, III  
Office Address: 401 East Las Olas Blvd., Suite 1400  
Ft. Lauderdale, Florida 33301  
(City) (Zip code)

4067 MAR - 4 AM 4: 54

**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)

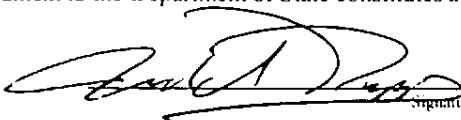
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

| <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>Joseph A. DiRuzzo, III</u>  | <input type="checkbox"/> Manager           | Name: <u>Justin Gelfand</u>          |
| <input checked="" type="checkbox"/> Member | Address: <u>1145 Scarlet Oak St.</u> | <input checked="" type="checkbox"/> Member | Address: <u>7425 CROMWELL DRIVE</u>  |
| <input type="checkbox"/> Authorized        | <u>Hollywood, FL 33019</u>           | <input type="checkbox"/> Authorized        | <u>CLAYTON, MO 63105</u>             |
| Person                                     | _____                                | Person                                     | _____                                |
| <input type="checkbox"/> Other _____       | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____       | <input type="checkbox"/> Other _____ |
| <br>                                       |                                      | <br>                                       |                                      |
| <input type="checkbox"/> Manager           | Name: <u>WILLIAM S. MARGULIS</u>     | <input type="checkbox"/> Manager           | Name: <u>Joseph Lambson</u>          |
| <input checked="" type="checkbox"/> Member | Address: <u>7540 WASHINGTON AVE.</u> | <input checked="" type="checkbox"/> Member | Address: <u>752 Juniper Glen Ct.</u> |
| <input type="checkbox"/> Authorized        | <u>UNIVERSITY CITY, MO 63130</u>     | <input type="checkbox"/> Authorized        | <u>Ballwin, MO 021</u>               |
| Person                                     | _____                                | Person                                     | _____                                |
| <input type="checkbox"/> Other _____       | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____       | <input type="checkbox"/> Other _____ |
| <br>                                       |                                      | <br>                                       |                                      |
| <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  
Joseph A. DiRuzzo, III  
\_\_\_\_\_  
Typed or printed name of signer

# STATE OF MISSOURI



**John R. Ashcroft**  
**Secretary of State**

CORPORATION DIVISION  
CERTIFICATE OF GOOD STANDING

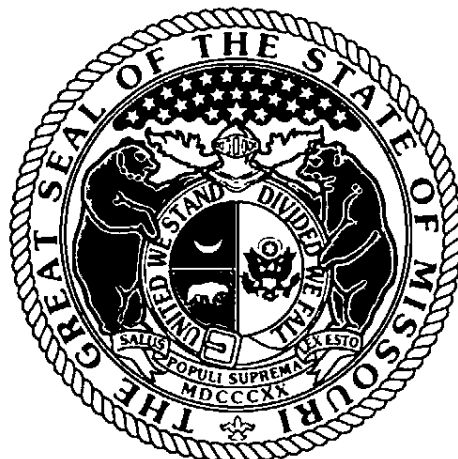
I, JOHN R. ASHCROFT, Secretary of State of the STATE OF MISSOURI, do hereby certify that the records in my office and in my care and custody reveal that

*Margulis Gelfand, LLC*  
*LC001567146*

was created under the laws of this State on the 12th day of December, 2017, and is active, having fully complied with all requirements of this office.

IN TESTIMONY WHEREOF, I hereunto set my hand and cause to be affixed the GREAT SEAL of the State of Missouri. Done at the City of Jefferson, this 26th day of February, 2024.

  
Secretary of State



Certification Number: CERT-02262024-0099

JOSEPH A. DIRUZZO, III, PA.  
DBA DIRUZZO & COMPANY  
401 EAST LAS OLAS BLVD, SUITE 1400  
FORT LAUDERDALE, FL 33301

1117  
83-1599/670

DATE: 7/26/2024

PAY TO THE ORDER OF: *File Dept of State*

\$ 125.00



LEGACY BANK  
OF FLORIDA  
10000 South West Palm Beach

DOLLARS

Security features included. Details on back.

MEMO: *for file*

*[Signature]*

⑈001117⑈⑈067015999⑈ 004001055⑈