

W24000012156

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

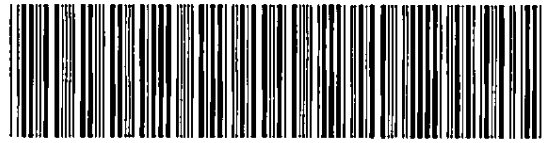
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



600434165716

08/07/24--01042--007 \*\*130.00

FILED  
2024 SEP 18 PM 4:24

SEP 20 2024

W24  
113868

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Levine Capital Management, 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:

Adam Levine  
Name of Person

Levine Capital Management LLC  
Firm/Company

648 SW Port St. Lucie Blvd  
Address

Port St. Lucie Florida 34953  
City/State and Zip Code

Adam@LevineCapital.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Adam Levine at (908) 202-3574  
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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 13, 2024

ADAM LEVINE  
648 SW PORT ST LUCIE BLVD  
PORT ST LUCIE, FL 34953

SUBJECT: LEVINE CAPITAL MANAGEMENT, LLC  
Ref. Number: W24000113868



We have received your document for LEVINE CAPITAL MANAGEMENT, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(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) 245-6051.

**RECEIVED**

Tracy L Lemieux  
Regulatory Specialist II

**SEP 18 2024**

Letter Number: 524A00017946

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. Levine Capital Management LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," 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," "LLC," or "LLC.")

2. New Jersey  
(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. 648 SW Port St. Lucie Blvd  
(Street Address of Principal Office)  
Port St. Lucie  
FL 34953

6. 648 SW Port St. Lucie Blvd  
(Mailing Address)  
Port St. Lucie  
FL 34953

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

Name: Adam Levine

Office Address: 648 SW Port St. Lucie Blvd  
Port St. Lucie, Florida 34953  
(City) (Zip code)

FILED  
2024 SEP 18 PM 4:24

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.

ack  
(Registered agent's signature)

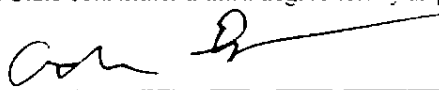
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<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>Adam Levine</u>		<input type="checkbox"/> Manager	Name:		
<input checked="" type="checkbox"/> Member	Address:	<u>648 SW</u>		<input type="checkbox"/> Member	Address:		
<input type="checkbox"/> Authorized		<u>Per + St. Lucie Blvd</u>		<input type="checkbox"/> Authorized			
Person		<u>Florida 34953</u>		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

Adam Levine

Typed or printed name of signer

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

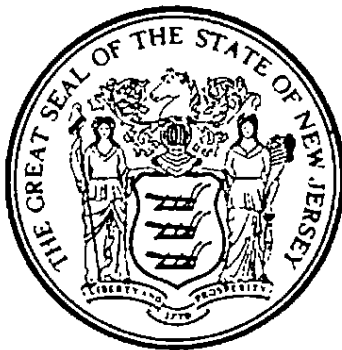
**LEVINE CAPITAL MANAGEMENT LIMITED LIABILITY COMPANY**  
0400532926

*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 03, 2012.*

*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:*

ADAM LEVINE  
100 FRANKLIN SQUARE DRIVE SUITE 400  
FRANKLIN TOWNSHIP, NJ 08873



IN TESTIMONY WHEREOF, I have  
hereto set my hand and affixed  
my Official Seal at Trenton, this  
11th day of September, 2024

Elizabeth Maher Muoio  
State Treasurer

Certificate Number 6156984778

Verify this certificate online at

[https://www1.state.nj.us/1YTR\\_StandingCert/JSP/Verify\\_Cert.jsp](https://www1.state.nj.us/1YTR_StandingCert/JSP/Verify_Cert.jsp)