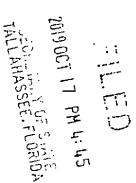
N190000953

(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



000335812400





CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 959925 7167820

AUTHORIZATION :

COST LIMIT : \$ 425.00

ORDER DATE: October 11, 2019

ORDER TIME : 3:56 PM

ORDER NO. : 959925-005

CUSTOMER NO: 7167820

FOREIGN FILINGS

NAME: WST II, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Robinson -- EXT# 62968

EXAMINER:

COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT:	WST II, LLC					
JOBECT.	Name of Limited Liability Company					
The enclosed Existence, an	I "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of the check are submitted to register the above referenced foreign limited liability company to transact business in Florid	ıf a.				
Please return	all correspondence concerning this matter to the following:					
	Darren Weinstock					
	Name of Person					
	Darren Weinstock Name of Person c/o Black Equities					
	Firm/Company	ι Έχ				
	Firm/Company 433 N. Camden Dr. Suite 1070 Address	• •				
	Address	٠				
	Beverly Hills, CA 90210					
	City/State and Zip Code					
	accounting@weinstockcompanies.com					
	E-mail address: (to be used for future annual report notification)					
For further in	formation concerning this matter, please call:					
Verd	onica Truong 805 612-0507					
	Name of Contact Person Area Code Daytime Telephone Number					
Divis Regis P.O.	ILING ADDRESS: sion of Corporations Division of Corporations stration Section Box 6327 Clifton Building shassee, FL 32314 Clother Circle Tallahassee, FL 32301					
Enclo Pleas	osed is a check for the following amount: se make check payable to: FLORIDA DEPARTMENT OF STATE					
	\$125.00 Filing Fee \$\Bigcup \text{\$130.00 Filing Fee & Certificate of Status} \Bigcup \text{\$155.00 Filing Fee & S160.00 Filing Fee, Certificate of Status} \Bigcup \text{\$155.00 Filing Fee & Certified Copy} \Bigcup \text{\$160.00 Filing Fee, Certified Copy} \Bigcup \text{\$160.00 Filing Fee, Certified Copy}	е				

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:

name unavailable, enter alternate i	name adopted for the purpose of transacting business in Flo	orida. The alte	mate name must include	"Limited Liability	Company," "	<u>ی</u> ا <u>ن</u> ان _د C," or '	 "LLC.")
California		3.	95-4766241		HC En	3007	
(Jurisdiction under the law of w	hich foreign limited liability company is organized)	-		(FEI number, is	(applicable)	17 P	
	(Date first transacted business in Florida, if prior to	registration			— — —	PH 4: 45	٢-
	(Date first transacted business in Florida, if prior to (See sections 605.0904 & 605.0905, F.S. to determ	ine penalty lia	bility)		65.7	. 	
255 Lorraine Blvd			PO Box 74669		D'r	; J	
(Street Address of	Principal Office)	6		Mailing Address)			
Los Angeles, CA 9000	04	L	os Angeles, CA	90004			
		_	 				
		_					
Name and street address	s of Florida registered agent: (P.O. Box	Mon	. 11.				
Tvaine and street address	s of Fiorida registered agent: (F.O. Box	NOT acc	ceptable)				
					,		
Name:	Corporation Service Company						
Office Address:	1201 Have Street						
	Tallanassee		, Florida _32:				
		(City)		(Zip code)			

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.

ull due

Roxanne Turner Asst. Vice President

(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]: Title or Capacity: Name and Address: Title or Capacity: Name and Address: Name: Darren Weinstock Name: Brad Weinstock Manager Manager Manager Address: 433 N. Camden Dr., Ste 1070 255 Lorraine Blvd ☐ Member Member Address: Beverly Hills, CA 90210 Los Angeles, CA 90004 Authorized Authorized Person Person Other Other Other Name: Elisabeth Weinstock Manager Manager Address: _ 8159 W. 3rd Street ■ Member ☐ Member Address: Los Angeles, CA 90048 Authorized Authorized Person Person Other Other Other___ Other Manager Name: _____ Manager Name: _____ Member Address: Address: Authorized ☐ Authorized Person Person Other____ Other Other Other_ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed 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 Darren Weinstock

Typed or printed name of signee

State of California

Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME: WST II, LLC

FILE NUMBER:

199925210052

FORMATION DATE:

09/09/1999

TYPE:

DOMESTIC LIMITED LIABILITY COMPANY

JURISDICTION:

CALIFORNIA

STATUS:

ACTIVE (GOOD STANDING)

I, ALEX PADILLA, Secretary of State of the State of Californian hereby certify:

The records of this office indicate the entity is authorized to exercise all of its powers, rights and privileges in the State of California.

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



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of October 16, 2019.

ALEX PADILLA Secretary of State