

12/1/2020

M20000010929

Division of Corporations
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To:

Division of Corporations
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Account Name : USACORP INC.
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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

robert@wbpropertygroup.com
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**Foreign Limited Liability Company
 Lofts at Lakeland LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
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Electronic Filing Menu

Corporate Filing Menu

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Handwritten:
 12/2/20

(((H20000411027 3)))

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS
IN FLORIDAIN 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. Lofts at Lakeland 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. Delaware

(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. 495 BROADWAY, 7TH FLOOR

(Street Address of Principal Office)

NEW YORK, NY 100126. 495 BROADWAY, 7TH FLOOR

(Mailing Address)

NEW YORK, NY 100127. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: _____

Registered Agents Legal Services, LLC

Office Address: _____

155 Office Plaza Drive, Suite ATallahassee

(City)

Florida32301

(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./s/ Michael Ashley

(Registered agent's signature)

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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>
☒ Manager	Name: Robert Weinstein	☒ Manager	Name: David Weinstein
☐ Member	Address: 495 Broadway, 7th FL	☐ Member	Address: 495 Broadway, 7th FL
☐ Authorized	New York, NY 10012	☐ Authorized	New York, NY 10012
Person		Person	
☐ Other	☐ Other	☐ Other	☐ Other
☒ Manager	Name: Jeffrey Weinstein	☐ Manager	Name: WB Opportunistic LLC
☐ Member	Address: 495 Broadway, 7th FL	☒ Member	Address: 495 Broadway, 7th FL
☐ Authorized	New York, NY 10012	☐ Authorized	New York, NY 10012
Person		Person	
☐ Other	☐ Other	☐ Other	☐ Other
☐ Manager	Name:	☐ Manager	Name:
☐ Member	Address:	☐ Member	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. 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.

/S/ Robert Weinstein

Signature of an authorized person

Robert Weinstein

Typed or printed name of signer

Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "LOFTS AT LAKELAND LLC" IS DULY FORMED
UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND
HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS
OF THE FIRST DAY OF DECEMBER, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "LOFTS AT
LAKELAND LLC" WAS FORMED ON THE THIRTIETH DAY OF NOVEMBER, A.D.
2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN
ASSESSED TO DATE.

2020-11-11 11:11:11



4293106 8300

SR# 20208527682

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JBullock", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 204198544

Date: 12-01-20