

7/28/2021

Division of Corporations

M210002878133

Florida Department of
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : WHITE/PETERMAN PROPERTIES, INC.
Account Number : I20210000047
Phone : (219)757-3714
Fax Number : (219)757-3510

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: smustafa@whitepeterman.com

**Foreign Limited Liability Company
WPPI St Pete TC, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

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2021 AUG -3 AM 11:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

21 AUG -3 PM 2:09

FILED

Handwritten signature/initials

FAX AUDIT NO.: H21000287813 3

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:

WPPI St Pete TC, 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.")

Delaware

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

3. 87-1901547 _____
(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. 5925 Placida Rd. _____
(Street Address of Principal Office)

6. 9800 Connecticut Dr. _____
(Mailing Address)

Englewood, FL 34224

Suite A1-100

Crown Point, IN 46307

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

Name: CT Corporation _____

Office Address: 1200 S. Pine Island Road _____

Plantation _____, Florida 33324 _____
(City) (Zip code)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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)

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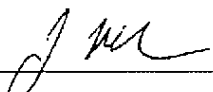
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: <u>WMB Corp</u>	<input type="checkbox"/> Manager	Name: <u>J. Matthew Chambers</u>
<input type="checkbox"/> Member	Address: <u>9800 Connecticut Dr</u>	<input type="checkbox"/> Member	Address: <u>5925 Placida Ave.</u>
<input type="checkbox"/> Authorized	<u>Suite A1-100</u>	<input type="checkbox"/> Authorized	<u>Englewood, FL 34224</u>
Person	<u>Crown Point, IN 46307</u>	Person	<u></u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> Other <u>Treasurer of MGR</u>	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: <u>Jason Weisler</u>	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: <u>9800 Connecticut Dr.</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	<u>Suite A1-100</u>	<input type="checkbox"/> Authorized	_____
Person	<u>Crown Point, IN 46307</u>	Person	_____
<input checked="" type="checkbox"/> Other <u>Secretary of MGR</u>	<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

Jason Weisler

Delaware

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "WPPI ST PETE TC, 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 TWENTY-SEVENTH DAY OF JULY, A.D. 2021.



Handwritten signature of Jeffrey W. Bullock
Jeffrey W. Bullock, Secretary of State

6111880 8300

SR# 20212804612

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

Authentication: 203769933

Date: 07-27-21