

M21000011244

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

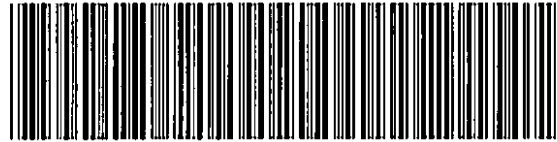
(Business Entity Name)

(Document Number)

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2021 AUG 26 AM 10:13


RECEIVED

OFFICE OF CORPORATIONS  
TALLAHASSEE, FLORIDA

2021 AUG 26 PM 3:46

RECEIVED

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195  
REFERENCE : 977069 7381795  
AUTHORIZATION :   
COST LIMIT : \$ 125.00

ORDER DATE : August 26, 2021  
ORDER TIME : 1:35 PM  
ORDER NO. : 977069-050  
CUSTOMER NO: 7381795

FOREIGN FILINGS

NAME: WWG ASB VENTURE II TRS, 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: Eyliena Baker -- EXT# 61592

EXAMINER: \_\_\_\_\_

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: WWG ASB VENTURE II TRS, 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:

**Brendan J. Reed, General Counsel & Senior Vice President**  
Name of Person  
**ASB Real Estate Investments**  
Firm/Company  
**7501 Wisconsin Avenue, Suite 1300W**  
Address  
**Bethesda, MD 20814**  
City/State and Zip Code  
**breed@asbrealstate.com**  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**Brendan J. Reed** at ( **240** ) **482-2921**  
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. WWG ASB VENTURE II TRS, 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. Upon filing.  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability.)

5. c/o ASB Capital Management LLC  
(Street Address of Principal Office)  
7501 Wisconsin Avenue, Suite 1300W  
Bethesda, MD 20814

6. c/o ASB Capital Management LLC  
(Mailing Address)  
7501 Wisconsin Avenue, Suite 1300W  
Bethesda, MD 20814

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

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee, Florida 32301  
(City) (Zip code)

2021 AUG 26 AM 10:13

**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.*

Corporation Service Company  
By: Alexis Weir, assistant 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]:

| <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>WWG/ASB Venture II, LLC</u>            | <input type="checkbox"/> Manager           | Name: _____                          |
| <input checked="" type="checkbox"/> Member | Address: <u>7501 Wisconsin Avenue</u>           | <input type="checkbox"/> Member            | Address: _____                       |
| <input type="checkbox"/> Authorized Person | <u>Suite 1300W</u><br><u>Bethesda, MD 20814</u> | <input type="checkbox"/> Authorized Person | _____<br>_____                       |
| <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 Person | _____<br>_____                                  | <input type="checkbox"/> Authorized Person | _____<br>_____                       |
| <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 Person | _____<br>_____                                  | <input type="checkbox"/> Authorized Person | _____<br>_____                       |
| <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.

WWG ASB Venture III TRS, LLC

By: WWG/ASB Venture II, LLC, its sole Member

By:   
Signature of an authorized person

Brendan J. Reed, Secretary

\_\_\_\_\_  
Typed or printed name of signer

# Delaware

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "WWG ASB VENTURE II TRS, 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-SIXTH DAY OF AUGUST, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "WWG ASB VENTURE II TRS, LLC" WAS FORMED ON THE THIRTIETH DAY OF AUGUST, A.D. 2018.

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



  
Jeffrey W. Bullock, Secretary of State

7037548 8300

SR# 20213089763

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

Authentication: 204015430

Date: 08-26-21