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PICK-UP	WAIT MAIL
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Special Instructions to	o Filing Officer.
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2022 SEP 13 AMT1: 33

S. FRANKLIN SFP 1 4 2022 CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

: .

	ACCOUNT NO.	:	120000000	195	
	REFERENCE	:	949894	8386958	
	AUTHORIZATION	:	Someth or	enen	
	COST LIMIT	:	\$ 100.00		
					
ORDER DATE :	September 12, 20	22			2077
ORDER TIME :	9:15 AM				. ^
ORDER NO. :	949894-005				<u></u> نن
					<u>_0</u>
CUSTOMER NO:	8386958				F:: 12:
				-	
	<u>FOREIGN F</u>	ILI	<u>INGS</u>		

NAME: WG AVIATION IV LLC

XXXX QUALIFICATION (TYPE: <u>LL</u>)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker -- EXT#

EXAMINER:

COVER LETTER

•

	Registration Section Division of Corporations		
SUBJEC	WG AVIATION IV LLC		
J. D. D. C.		e of Limited Liability Company	-
		Company for Authorization to Transact Business in Florida, referenced foreign limited liability company to transact business.	
Please re	turn all correspondence concerning this matter to	o the following:	
	Scott C. Alper		
		Name of Person	-
	WG AVIATION IV LLC		
		Firm/Company	L
	233 Broadway, Suite 2305		
		Address	-
	New York, NY 10279		72
	c	ity/State and Zip Code	- 23
	alpers@witkoff.com		
	E-mail address: (to be	used for future annual report notification)	- -
For further	er information concerning this matter, please cal	II:	F:: 12: 21
		at ()	<u></u>
	Name of Contact Person	Area Code Daytime Telephone Number	
	Mailing Address:	Street Address:	
	Registration Section	Registration Section	
	Division of Corporations	Division of Corporations	
P.O. Box 6327		The Centre of Tallahassee	
	Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	
!	Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEP S125.00 Filing Fee S130.00 Filing Fee Certificate o	e & 🔲 \$155.00 Filing Fee & 🗏 \$160.00 Filing Fee,	

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPILANCE 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:

f name unavailable, enter alternate	name adopted for the purpose of transacting business in Flo	rida. The alternate name must include "Limited Liability	Company," "L.L.C," or "LLC.")	
DELAWARE		82-3243990		
(Jurisdiction under the law of which foreign limited liability company is organized)		3. (FEI number, if applicable)		
	(Date first transacted husiness in Florida at prior to i	enstration)	_	
	(Date first transacted business in Florida, if prior to ((See sections 605 0904 & 605 0905, F.S. to determine	e penalty liability)		
reet Address of Principal Office)		6. (Mailing Address)		
233 Broadway, Suite 2	305	233 Broadway, Suite 2305	20	
New York, NY 10279		New York, NY 10279		
Name and street addres	ss of Florida registered agent: (P.O. Box	NOT acceptable)	<u></u>	
	Constitution Constitution		8 : 12: 31	
Name:	Corporation Service Company			
Office Address:	1201 Hays Street			
	Tallahassee	32301 , Florida		
	(City)	(Zm code)	-	

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: Scott C. Alper Name: ______James Stomber □Manager □Manager Address: ____ □Member □Member 233 Broadway, Suite 2305 233 Broadway, Suite 2305 □ Authorized □ Authorized New York, NY 10279 New York, NY 10279 Person Person Other_____Vice President Other Vice President □Other____ □Other ____ Name: Alex Witkoff □Manager □Manager Name: Address: 233 Broadway, Suite 2305 □Member ☐ Member Address: New York, NY 10279 □ Authorized □ Authorized Person Person ■Other Vice President □Other______ □Other___ □Other □Manager Name: □Manager Name: _____ Address: _____ Address: _____ □Member □Member □ Authorized □ Authorized Person Person □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 Stale constitutes a third degree felony as provided for in s.817.155, F.S. Signature of an authorized person Scott C. Alper Typed or printed name of signee



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "WG AVIATION IV 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 TWELFTH DAY OF SEPTEMBER, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "WG AVIATION IV LLC" WAS FORMED ON THE THIRD DAY OF DECEMBER, A.D. 2021.

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



Authentication: 204371267

Date: 09-12-22