

M230000006956

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

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MAY 31 2023

K. Brumblay

Incorporating Services, Ltd.

1540 Glenway Drive
Tallahassee, FL 32301
850.656.7956
Fax: 850.656.7953
www.incserv.com
e-mail: accounting@incserv.com

ORDER FORM

TO Florida Department of State
The Centre of Tallahassee
2415 North Monroe Street, Suite 810
Tallahassee, FL 32303
corphelp@dos.myflorida.com
850-245-6051

FROM Melissa Moreau
mmoreau@incserv.com
850.656.7953

REQUEST DATE 05/30/2023

PRIORITY Routine

OUR REF # (Order ID#) Renee

ORDER ENTITY

WMLR, LLC

PLEASE PERFORM THE FOLLOWING SERVICES:

WMLR, LLC

Please file the attached qualification document and provide a certified copy as evidence.

NOTES:

\$155.00 Authorized

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,



COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: WMLR, 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:

Russell G. Mancuso

Name of Person

WMLR, LLC

Firm/Company

1304 Annapolis Drive

Address

Raleigh, NC 27608

City/State and Zip Code

rmancuso@usleaf.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jack Magee

919

781-4000

at (_____) _____

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. WMLR, 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 92-0790899
(Jurisdiction under the law of which foreign limited liability company is organized) (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. 1304 Annapolis Drive 1304 Annapolis Drive
(Street Address of Principal Office) (Mailing Address)
Raleigh, NC 27608 Raleigh, NC 27608

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

Name: Incorporating Services, Ltd.
Office Address: 1540 Glenway Drive
Tallahassee, Florida 32301
(City) (Zip code)

2024 MAY 30 AM 11:57

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.

Renee T. Kent, Assistant Secretary
(Registered agent's signature)



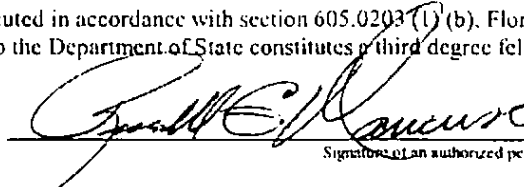
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
☐ Manager	Name: <u>Oscar House</u>	☐ Manager	Name: <u>Keith Merrick</u>
☐ Member	Address: <u>c/o WMLR, LLC</u>	☐ Member	Address: <u>c/o WMLR, LLC</u>
☐ Authorized	<u>1304 Annapolis Drive</u>	☐ Authorized	<u>1304 Annapolis Drive</u>
Person	<u>Raleigh, NC 27608</u>	Person	<u>Raleigh, NC 27608</u>
☒ Other <u>President/CEO</u>	☐ Other _____	☒ Other <u>CFO</u>	☐ Other _____
 ☐ Manager	Name: <u>Todd Compton</u>	 ☐ Manager	Name: <u>Russell Mancuso</u>
☐ Member	Address: <u>c/o WMLR, LLC</u>	☐ Member	Address: <u>c/o WMLR, LLC</u>
☐ Authorized	<u>1304 Annapolis Drive</u>	☐ Authorized	<u>1304 Annapolis Drive</u>
Person	<u>Raleigh, NC 27608</u>	Person	<u>Raleigh, NC 27608</u>
☒ Other <u>Finance Director</u>	☐ Other _____	☒ Other <u>SVP</u>	☐ 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.



Signature of an authorized person
Russell Mancuso

Typed or printed name of signer

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "WMLR, 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 THIRTIETH DAY OF MAY, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "WMLR, LLC" WAS FORMED ON THE ELEVENTH DAY OF AUGUST, A.D. 2022.

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



6811569 8300

SR# 20232499252

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.

Authentication: 203442422

Date: 05-30-23