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Florida Department of State  
 Division of Corporations  
 Electronic Filing Cover Sheet

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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)757-3730  
 Fax Number : (219)680-4255

\*\*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

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2023 JUL 12 PM 4:02

DEPARTMENT OF STATE  
 DIVISION OF CORPORATIONS  
 TALLAHASSEE FLORIDA

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 TALLAHASSEE FL

2023 JUL 12 AM 11:49

FILED

Foreign Limited Liability Company  
 WPPI Naples TF North Residential, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

Fax Audit # H23000244265 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:

1. WPPI Naples TF North Residential, 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. 2881 Placida Rd.

(Street Address of Principal Office)

6. 9800 Connecticut Dr.

(Mailing Address)

Suite 205

Suite A1-100

Englewood, FL 34224

Crown Point, IN 46307

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

Name: CT Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324

(City)

(Zip code)

FILED 2023 JUL 12 AM 11:19 SECRETARY OF STATE TALLAHASSEE, FL

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.

Denise Bell (Registered agent's signature)

Denise Bell, Asst. Secretary

Fax Audit # H23000244265 3

Fax Audit # H23000244265 3

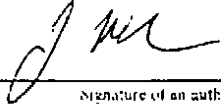
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<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>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>2881 Placida Rd.</u>
<input type="checkbox"/> Authorized Person	<u>Suite A1-100</u> <u>Crown Point, IN 46307</u>	<input checked="" type="checkbox"/> Authorized Person	<u>Suite 205</u> <u>Englewood, FL 34224</u>
<input checked="" type="checkbox"/> Other <u>Mgr of OP Mbr of Sole Mbr</u>	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: <u>Robert Hale</u>	<input type="checkbox"/> Manager	Name: <u>Jason Weisler</u>
<input type="checkbox"/> Member	Address: <u>2881 Placida Rd.</u>	<input type="checkbox"/> Member	Address: <u>9800 Connecticut Dr.</u>
<input checked="" type="checkbox"/> Authorized Person	<u>Suite 205</u> <u>Englewood, FL 34224</u>	<input checked="" type="checkbox"/> Authorized Person	<u>Suite A1-100</u> <u>Crown Point, IN 46307</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: <u>Kevin Carlson</u>	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: <u>9800 Connecticut Dr.</u>	<input type="checkbox"/> Member	Address: _____
<input checked="" type="checkbox"/> Authorized Person	<u>Suite A1-100</u> <u>Crown Point, IN 46307</u>	<input type="checkbox"/> Authorized 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, Secretary of WMB Corp., the Manager of the Sole Member

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 "WPPI NAPLES TF NORTH RESIDENTIAL, 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 TENTH DAY OF JULY, A.D. 2023.



7197552 8300

SR# 20232952036

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://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 in a small font.

Authentication: 203713984

Date: 07-10-23