

# M19000003311

Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850)617-6393

From:

Account Name : LOWMEYER, DROSDICK, DOSTER, KANTOR & REED, P.A.  
Account Number : 072720000936  
Phone : (407)843-4600  
Fax Number : (407)843-4444

Attn: Tami Passley

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

Email Address: dblynn.sprengle@state.com

Foreign Limited Liability Company  
802 Whiting LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
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**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. 802 Whiting LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," 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," "LLC," or "LLC.")

2. Delaware 3. 83-4228886  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. Upon qualification  
(Date first transacted business in Florida, if prior to registration)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 401 East Jackson Street 6. 401 East Jackson Street  
(Street Address of Principal Office) (Mailing Address)  
Suite 3300 Suite 3300  
Tampa, Florida 33602 Tampa, Florida 33602

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

Name: Corporate Creations International Inc.  
Office Address: 11380 Prosperity Farms Road #221E  
Palm Beach Gardens Florida 33410  
(City) (Zip code)

**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.*

Jim Perkins, Vice President

(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: Strategic Property Partners LLC	<input type="checkbox"/> Manager	Name: _____
<input checked="" type="checkbox"/> Member	Address: 401 East Jackson Street	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	Suite 3300	<input type="checkbox"/> Authorized	_____
Person	Tampa, Florida 33602	Person	_____
<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	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<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	_____	<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.

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

# Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF  
DELAWARE, DO HEREBY CERTIFY "802 WHITING 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 FIRST DAY OF APRIL, A.D. 2019.

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



6315490 8300

SR# 20192433730

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

Authentication: 202552124

Date: 04-01-19