(Re	equestor's Name)			
(Ac	idress)			
(Ac	ddress)			
(Ci	ty/State/Zip/Phone	· #)		
PICK-UP	☐ WAIT	MAIL		
(80	usiness Entity Nam	ne)		
(Document Number)				
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19 PEC 17 MID: 59

T GLASS DEC 19 2019

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 12/17/2019	_	
		<i>⇔WALK IN⇔</i>
ENTITY NAME_WAMS	INVESTMENTS, LLC	
DOCUMENT NUMBER_		
	PLEASE FILE THE ATTACHED AND RETURN	
XXXXXXX	Plain Copy	
	Certified Copy	
	Certificate of Status	
**	PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY**	2019 03 (2)
	Certified Copy of Arts & Amendments	17
	Certificate of Good Standing	
		ග
	APOSTILLE' / NOTARIAL CERTIFICATION	
COUNTRY OF DESTINAT	TION	
NUMBER OF CERTIFICA	TES REQUESTED	
TOTAL OWED 125.	СНЕСК # ⁷⁰⁶⁵	
Please call Tina at t	he above number for any issues or concerns. Thank you s	o much!



December 18, 2019

SUNSHINE STATE CORPORATE COMPLIANCE COMPANY

SUBJECT: WAMS INVESTMENTS, LLC

Ref. Number: W19000109710

CORRECTED
Please Allow For
Same File Date

We have received your document for WAMS INVESTMENTS, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to s.605.0902(1)(e), Florida Statutes, the document must contain the name, title or capacity and address of at least one person who has the authority to manage the foreign limited liability company.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tacarri K Glass Regulatory Specialist II

Letter Number: 119A00025701

L7:877 . 13:36!

COVER LETTER

	stration Section ion of Corporatio	ns				
SUBJECT:	WAMS INVESTM	ENTS, LLC, A DELAWAR	RE LIMITED LIAI	BILITY CO	OMPANY	
_		Name of	Limited Liability	Company		
The enclosed ' Existence, and	'Application by Fo	reign Limited Liability Comed to register the above refer	pany for Authoriza renced foreign limi	ition to Tra ted liability	nsact Business in Florida," or company to transact busine	Certificate of ess in Florida
Please return a	Il correspondence	concerning this matter to the	: following:			
	ELIOT ABBO	тт				
		7	lame of Person			
	MNSHAW &	CULBERTSON LLP				
		f	firm/Company			
	2525 PONCE	DE LEON BLVD., 4TH FL	OOR			
			Address			
	CORAL GAB	LES, FL 33134				
		City/s	State and Zip Code			
	ЕАВВОТТ@НІ	NSHAWLAW.COM				
		E-mail address: (to be use	d for future annua	report not	ification)	- 3
or further infe	ormation concerning	g this matter, please call:				6197
ELIC	т аввотт		305 at (428-50)	61	2019 [7]
	Name	of Contact Person	Area Code	Day	time Telephone Number	7
Divis Regis P.O. I	LING ADDRESS: ion of Corporations tration Section Box 6327 hassec, FL 32314			Division Registrat Clifton B 2661 Exe	F ADDRESS: of Corporations ion Section uilding coutive Center Circle iee, FL 32301	F 9: 18
	theck for the follow 25.00 Filing Fee	ring amount: ☐ \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filii Certified Copy		S160.00 Filing Fee, Ce	

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

IN COMPILANCE WITH SECTION 605.0902, FLORIDA STATUTEX THE FOLLOWING IN SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE SCITE OF FLORIDA.

WAMS INVESTMENT				
(Name of Fore	rign Limited Liability Company; mu	ust include "Limited Liah	ulity Company.""L.L.C.," or "I	A.C.")
(I) name unavailable, enter at Liability Company," "L.L.C.	iternate name adopted for the purpos	se of transacting business	s in Florida. The alternate name	must include "Limited
2. DELAWARE		3 84-2479903		
Ourisdiction under the law company is organized)	of which foreign limited liability		(FEI number, if applicable)	
4. December 1, 2019				
т	(Date first transacted busine	ess in Florida, if prior to	registration.)	
5. 1541 Sunset Drive, Su	(See sections 605,0904 & 605 ite 303	5.0905. F.S to determine	penalty liability)	
Coral Gables, FL 3314	43			
· 	(Street Address of	Principal Office)		28
6. 1541 Sunset Drive, Sui	te 303			190
Coral Gables, FL 331				2819 02:517
	(Mailing	Address)		-
7. Name and street address	s of Florida registered agent: (P	P.O. Box <u>NOT</u> accepts	able)	7
Name:	National Registered Agent, Inc	c.	_	ڥ
Office Address:	1200 South Pine Island Road		-	-8
	Plantation		, Florida 33324 (Zip code)	
	(City)		(Zip code)	
designated in this applica to complywith the provisi	gistered agent and to accept ser tion, I hereby accept the appoin ons of all statutes relative to the my position as registered agent.	itment us registered up proper and complete	gent and agree to act in this	capacity. I further agree
	By: Joanne (Regis	Cauche stered agent's signature)	- ASS+- S-	حد،
8. The name, title or capa SERGE TAMM, MANAG	scity and address of the person(s)) who has/have author	ity to manage is/are:	
1541 Sun	set Drive,	Suite 30	3	
CORAL C	ABLES,	FL 33	143	
	of existence, no more than 90 da of which it is organized. (If the c abmitted)			
	Man	· Par		
	Signature	e of an authorized person	1	
This document is executed submitted in a document to	in accordance with section 605.0 the Department of State constitu SERGE TAMM	.0203 (1) (b), Florida S utes a third degree fold	Statutes. I am aware that any ony as provided for in s.817.	false information 55, F.S.

Typed or printed name of signee



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

DELAWARE, DO HEREBY CERTIFY "WAMS INVESTMENTS, 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 SEVENTEENTH DAY OF DECEMBER, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "WAMS INVESTMENTS, LLC" WAS FORMED ON THE FIFTH DAY OF JUNE, A.D. 2019.

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





Authentication: 204232773

Date: 12-17-19