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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845

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

Fmaıl	Address:		

## FOREIGN PROFIT/NONPROFIT CORPORATION

Williams Portfolio 22, Inc.

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

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## APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

	orporation; must include "INCORPORATED," orp," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATION,"		
,	ible in Florida, enter alternate corporate name ad	topted for the purpose of fransacting b	usiness in Fforida)	
Delaware	3.	(FEI number, if applie		
(State or country	y under the law of which it is incorporated)	(FEI number, if applie	cable)	
07/07/2021	5.			
(Date	of incorporation)	(Date of duration, if other than perpetual)		
		,		
·	(Date first transacted business in I			
	(SEE SECTIONS 607.1501 & 607.150	2, F.S., to determine penalty liability)		
3190 Clearview V	Vay, Suite 200			
	(Principal office	street address)		
San Mateo, CA 9			2	
	(Current mailing	address, if different)	921 JUL 19	
. Name and stree	t address of Florida registered agent: (P.O.	Box NOT acceptable)		
Name:	C T Corporation System			
rvanie.	1200 South Pine Island Road	<del></del>	<b>*</b>	
office Address:	1200 South Pine Island Road	<del></del>	PH 3: 53	
	Plantation	, Florida 33324 (Zip code)	<i>₩</i> .g. <b>55</b>	
	(City)	(Zip code)		
'. Registered age Janina haan nam	ent's acceptance: led as registered agent and to accept service	e of process for the above stated c	orporation at the place	
lesignated in this	application, I hereby accept the appointme	ent as registered agent und agree	to act in this capacity. I	
urther ugree to c	omply with the provisions of all statutes re- with and accept the obligations of my post	lative to the proper and complete j	performance of my duties	
ŕ		C T Corporation System by:		
	the the	David Westcott, Assistant Secretary		
_	(Registered agent's sig	nature)	<del></del>	

<sup>10.</sup> Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

19542080845

A. DIRECTORS				
[]Chairman	Name: Scott W. Williams	□ Chairman	Name: Sean W. Williams	
□Vice Chainnan	Address: 3190 Clearview Way, Suite 200	□ Vice Chainnan	Address: 3190 Clearview Way, Suite 200	
Director	San Mateo, CA 94402		San Mateo, CA 94402	
President		President		
□Vice President		· Vice President		
☐ Secretary	Treasurer	■ Secretary	□ Treasurer _	
Other	Other	Other	Other	
□Chairman □Vice Chairman ■Director	Name: Debra J. DeMartini Name: 3190 Clearview Way, Suite 200 Address: San Mateo, CA 94402	- □Chairman □ Vice Chairman □ Director	Name:	
□President		□President		
□Vice President		□Vice President		
□ Secretary	Treasurer	☐ Secretary	□Treasurer ~	
□Other	Other	□()ther	Other 2	
□Chairman □Vice Chairman	Name:	□Chairman □Vice Chairman	Name: 9	
□Director		Director	<u> </u>	
□President		□President		
□Vice President		□Vice President		
☐ Secretary	☐Treasurer	ClSecretary	□Treasurer	
□Other	Other	□Other	□ Other	
The officer or dire she is aware that is s.817.155, F.S.	Use an attachment to report more than six (6). The a codded to the index when filing your Florida Depart Signature of Director signing this document (and who is listed in numalse information submitted in a document to the Department, CFO/Treasurer	ment of State Annual Re or or Officer above) affirms the	nat the facts stated herein are true and that he or	

## Delaware The First State

Page 1

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

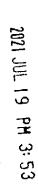
DELAWARE, DO HEREBY CERTIFY "WILLIAMS PORTFOLIO 22, INC." IS DULY

INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS

OF THIS OFFICE SHOW, AS OF THE THIRTEENTH DAY OF JULY, A.D. 2021.

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





Authentication: 203663333

Date: 07-13-21