

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 : BOSTON PLLC
Account Number : I20220000110
Phone : (407)574-8400
Fax Number : (407)776-3000

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

Email Address: maria@whalou.com

**FOREIGN PROFIT/NONPROFIT CORPORATION
WMP I MANAGER INC.**

Certificate of Status	0
Certified Copy	0
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Corporate Filing Menu

Help

OCT 27 2022
K. Brumley

APPROVED
AND
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2022 OCT 26 AM 11:21

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FL 32399

2022 OCT 26 PM 1:27

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: WMP I Manager Inc.
Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Maria F Vieira
Name of Person
Whalou Properties Management, Inc.
Firm/Company
3507 Kyoto Gardens Drive, Suite 110
Address
Palm Beach Gardens, FL 33410
City/State and Zip code
maria@whalou.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Maria F Vieira at (561) 655-3466
Name of Person Area Code Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☒ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status ☐ \$78.75 Filing Fee & Certified Copy ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

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**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA (((H22000366854 3)))**

*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.*

1. WMP I Manager Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Delaware 3. N/A
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 2/5/2015 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 3507 Kyoto Gardens Drive, Suite 110, Palm Beach Gardens, FL 33410
(Principal office street address)

_____ (Current mailing address, if different)

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

Name: Maria F Vieira c/o Whalou Properties

Office Address: 3507 Kyoto Gardens Drive, Suite 110

Palm Beach Gardens, FL, Florida 33410
(City) (Zip code)

9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation 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.

Maria F. Vieira
(Registered agent's signature)

10. 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.

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11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

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AND
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2022 OCT 26 AM 11:21
CLERK OF STATE
TALLAHASSEE, FLORIDA

A. DIRECTORS

(((H22000366854 3)))

☐ Chairman Name: Timo Kipp

☐ Vice Chairman Address: 3507 Kyoto Gardens Dr. Ste. 110

☒ Director Palm Beach Gardens, FL 33410

☒ President _____

☐ Vice President _____

☒ Secretary ☐ Treasurer

☐ Other _____ ☐ Other _____

☐ Chairman Name: Jim "JP" Perkins

☐ Vice Chairman Address: 801 US Highway 1

☐ Independent North Palm Beach, Florida 33408

☒ Director _____

☐ President _____

☐ Vice President _____

☐ Secretary ☐ Treasurer

☐ Other _____ ☐ Other _____

☐ Chairman Name: _____

☐ Vice Chairman Address: _____

☐ Director _____

☐ President _____

☐ Vice President _____

☐ Secretary ☐ Treasurer

☐ Other _____ ☐ Other _____

☐ Chairman Name: _____

☐ Vice Chairman Address: _____

☐ Director _____

☐ President _____

☐ Vice President _____

☐ Secretary ☐ Treasurer

☐ Other _____ ☐ Other _____

☐ Chairman Name: _____

☐ Vice Chairman Address: _____

☐ Director _____

☐ President _____

☐ Vice President _____

☐ Secretary ☐ Treasurer

☐ Other _____ ☐ Other _____

☐ Chairman Name: _____

☐ Vice Chairman Address: _____

☐ Director _____

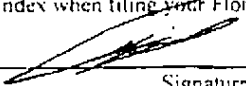
☐ President _____

☐ Vice President _____

☐ Secretary ☐ Treasurer

☐ 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.

12.  Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that 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.

13. Timo Kipp, Director (((H22000366854 3)))
(Typed or printed name and capacity of person)

Delaware

The First State

Page 1

((H22000366854 3)))

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "WMP I MANAGER 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 TWENTY-FIFTH DAY OF OCTOBER, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "WMP I MANAGER INC." WAS INCORPORATED ON THE FIFTH DAY OF FEBRUARY, A.D. 2015.

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

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Jeffrey W. Bullock, Secretary of State