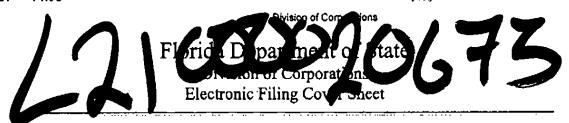
1/22/2021



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H21000030440 3)))



H210000304403ABCO

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : GLENN D. STORCH, PA

Account Number : I20200000127 : (386)238-8383 Fax Number : (386)238-0988

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

FLORIDA LIMITED LIABILITY CO. WL Investments, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

WL Investments, LLC	
(Must contain the words "Limited Lish	bility Company, "L.L.C.," or "LLC.")
Principal Office Address:	Mailing Address
Principal Office Address: 145 Canal Street	Mailing Address

The name and the Florida street address of the registered agent are:

Donald P. Smith Name 30 Skyline Drive, Suite 2100 Florida street address (P.O. Box NOT acceptable) Lake Mary 32746 City State

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 certificate, 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 stabilies relating it the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
MGR	Kevin Schweizer 145 Canal Street New Smyrna Heach, FL 32)68
MGR	Donald P. Smith 30 Skyline Drive, Sulto 2100 Lake Mary, FL 32746
ective date is listed, the date must	
EV: Effective data, if other than the cetive date is lated, the date must of filing.)	e date of filing: (OPTIONAL) be specific and cannot be more then five basiness days prior to or 90 not meet the applicable statutory filing requirements, this date will not
EV: Effective date, if other than the cetive date is listed, the date must of filing.) The date inserted in this block does ment's effective date on the Depart	e date of filing: (OPTIONAL) be specific and cannot be more then five basiness days prior to or 90 not meet the applicable statutory filing requirements, this date will not
EV: Effective date, if other than the ective date is listed, the date must of filing.) The date inserted in this block does ment's effective date on the Depart	e date of filing: (OPTIONAL) be specific and cannot be more then five basiness days prior to or 90 not meet the applicable statutory filing requirements, this date will not
EV: Effective date, if other than the ective date is listed, the date must of filing.) The date inserted in this block does ment's effective date on the Depart EVI: Other provisions, if any. REQUIRED SIGNATURE: Signature d This document is e	e date of filing: (OPTIONAL) be specific and cannot be more then five basiness days prior to or 90 not meet the applicable statutory filing requirements, this date will not
EV: Effective date, if other than the ective date is listed, the date must of filing.) The date inserted in this block does ment's effective date on the Depart EVI: Other provisions, if any. REQUIRED SIGNATURE: Signature d This document is e	the specific and cannot be more than five basiness days prior to or 90 and meet the applicable statutory filing requirements, this date will not ment of State's records. It is member or an enthorized representative of a member, executed in accordance with section 605.0203 (1) (b), Florida Statutes, y false information submitted in a document to the Department of State degree follows as provided for in a 817.155, F.S.

2021 JAN 22 AM 9: 28