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TRANSMITTAL LETTER

TO: Registration Section Division of Corporations
SUBJECT: WM Associates, LLC
(Name of Limited Liability Company)
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida
Please return all correspondence concerning this matter to the following:
Name of Person)
GROVE VENTURES [Firm/Company) Fig. 9
(Firm/Company)
12051 ROSEMOUNT DRIVE (Address)
(Address)
City/State and Zip Code)
(City/State and Zip Code)
For further information concerning this matter, please call:
JOHN F. GROVE, JR. at (239) 768-6781 (Name of Person)OR (Area Code & Daytime Telephone Number) JULIE A. LEACH
STREET ADDRESS: MAILING ADDRESS:
Registration Section Registration Section
Division of Corporations Division of Corporations
409 E. Gaines Street P.O. Box 6327
Tallahassee, Florida 32399 Tallahassee, Florida 32314
Enclosed is a check for the following amount:
☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & ☐ \$155.00 Filing Fee & ☐ \$160.00 Filing Fee, Certificate Certificate of Status Certified Copy

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

IN COMPLIANCE WITH SECTION 608.503. FLORIDA STATUTES. THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: SSOCIATES (Name of Foreign Limited Liability Company) Hしはらたム (Jurisdiction under the law of which foreign limited liability (Duration: Year limited liability company will cease to exist or "perpetual") (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) 8. If limited liability company is a manager-managed company, check here 9. The name and usual business addresses of the managing members or managers are as follows 12051 ROSEMOUNT DELVE FORT MYERS PL 33913 10. Attached is an original 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. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.) 11. Nature of business or purposes to be conducted or promoted in Florida: Owning Jamestment Tent payments from tenants. Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Typed or printed name of signee

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1.	The name of the Limited Liability Company is:		
	WM ASSOCIATES, UC		
2.	The name and the Florida street address of the registered agent and office are:		
	JOHN F. GROVE, TR. (Name)	• .	·
	Florida Street Address (P.O. Box NOT ACCEPTABLE)	05 MA	
	City/State/Zip	Y-6 PH	
lia	tving been named as registered agent and to accept service of process for the above stated bility company at the place designated in this certificate, I hereby accept the appointment ent and agree to act in this capacity. I further agree to comply with the provisions of all s	as regist	
re.	lating to the proper and complete performance of my duties, and I am familiar with and acting to the proper and complete performance of my duties, and I am familiar with and acting the state of the property of the property of the state of the property of the property of the state of the property of th	ccept the	
	(Signature)	-	

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

MEMORANDUM

TO:

FLORIDA DEPARTMENT OF STATE

FROM:

JULIE A. LEACH

SUBJECT:

WM ASSOCIATES, LLC REGISTRATION TO DO BUSINESS IN FLORIDA

DATE:

5/3/2005

CC:

To Whom It May Concern:

Enclosed please find the "Certificate of Good Standing" for WM Associates, LLC from the State of Alaska. Alaska provides these certificates via their secure website, with a link to verify validity said certificate. To verify this certificate, please go to the address listed at the bottom of the certificate and reprinted here:

https://myalaska.state.ak.us/business/soskb/verify.asp

At this site, you will enter the Certification Number listed at the bottom of the certificate, which is 38310-1.

If you have any questions or require additional information, please contact me at 239-768-6781.

Thank you,

Julie A. Leach

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Alaska Entity # 86429D

State of Alaska Department of Commerce, Community, and Economic Development

CERTIFICATE OF GOOD STANDING

THE UNDERSIGNED, as Commissioner of Commerce, Community, and Economic Development of the State of Alaska, and custodian of corporation records for said state, hereby certifies that

WM ASSOCIATES, LLC

on the 26th day of April, 2004 filed in this office its Articles of Organization for a Limited Liability Company organized under the laws of this state.

I FURTHER CERTIFY that said Limited Liability Company is in good standing, having fully complied with all the requirements of this office.

No information is available in this office on the financial condition, business activity or practices of this corporation.



IN TESTIMONY WHEREOF, I execute this certificate and affix the Great Seal of the State of Alaska on the 22nd day of April, 2005.

Elsa Blutofford

Edgar Blatchford Commissioner

Certification Number: 38310-1 Verify this certificate online at https://myalaska.state.ak.us/business/soskb/verify.asp