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| (Re | equestor's Name) | | | |
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| PICK-UP | TIAW | MAIL | | |
| (Bu | ısiness Entity Nan | ne) | | |
| (Document Number) | | | | |
| Certified Copies | _ Certificates | s of Status | | |
| Special Instructions to | Filing Officer: | | | |
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| TO; | | ation Section 1 of Corporation | ns | | | | |
|--|---------------------------------------|--|---|---|-------------------------------|--|-------------------------------|
| SUBJE | WI CCT: |) 19790, LLC | | | | | |
| | | | Name of I | Limited Liability (| Company | | |
| The end Existen | closed "A _l ice, and ch | pplication by Foreseck are submitted | eign Limited Liability Comp d to register the above refere | any for Authoriza | ition to Tra ted liability | nsact Business in Florida," C company to transact busines | ertificate of s in Florida |
| Please | return all o | correspondence c | oncerning this matter to the | following: | | | |
| | | YOLANDA KA | ATON, LEGAL ASST. | | | | |
| | | | Na | ame of Person | | | |
| | | ALEX D. SIRU | ILNIK, P.A. | | | | |
| | Firm/Company | | | | | | |
| | 2199 PONCE DE LEON BLVD., SUITE 301 | | | | | | |
| Address | | | | | | | |
| · | | CORAL GABL | ES, FL 33134 | | | | |
| | | <u> </u> | City/St | ate and Zip Code | | | |
| | • | YKATON@SIRI | ULNIKLAW.COM | | | | |
| | _ | | E-mail address: (to be used | for future annual | report noti | ification) | |
| For furt | her inforn | nation concerning | g this matter, please call: | | | | |
| | YOLAN | NDA KATON | | 305 at (| 443-721 | !1 | |
| | | Name o | f Contact Person | Area Code | Dayı | time Telephone Number | |
| MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314 | | STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 | | of Corporations on Section uilding cutive Center Circle | | | |
| Enclose | | ck for the followi 00 Filing Fee | ing amount: ☐ \$130.00 Filing Fee & Certificate of Status | □ \$155.00 Filin Certified Copy | ng Fee & | ☐ \$160.00 Filing Fee, Certion of Status & Certified Copy | ificate |

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

IN COMPLIANCE WITH SECTION 605,0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BI ISINESS. IN THE STATE OF FLORIDA:

| , WD 19790, LLC | MINESS IN THE STATE OF FLORIDA | | | | |
|---|--|---------------------------|---------------------------------|--------------------------|----------------------|
| (Name of Fore | eign Limited Liability Company; mus | st include "Limited Li | ability Company," "L.L.C.," | or "LLC.") | |
| (If name unavailable, enter al Liability Company," "L.L.C, | ternate name adopted for the purpose " or "LLC.") | e of transacting busine | ess in Florida. The alternate r | name must inclu | ıde "Limited |
| 2. DELAWARE | | 3. | | | |
| (Jurisdiction under the law company is organized) | of which foreign limited liability | | · (FEI number, if applicab | ole) | |
| 4. | | | | | |
| | (Date first transacted busine (See sections 605.0904 & 605. | ss in Florida, if prior t | o registration.) | | |
| 5. 15801 BISCAYNE BL | LVD., STE 203, NORTH MIAMI | BEACH, FL 33160 |) | | |
| | | | | — | |
| | (Street Address of I | Principal Office) | | | |
| 6. SAME AS ABOVE. | • | • | | | |
| - | | | | | |
| | (Mailing / | Address | | | |
| 7 N | | | | 泽。 5 | |
| /. Name and street addres | s of Florida registered agent: (P. | O. Box NOT accep | table) | NO SECTION | (*) |
| Name: | ALEX D. SIRULNIK, P.A. | | _ | 港區 1 | Market Carty |
| Office Address: | 2199 PONCE DE LEON BLVI | D., STE 301 | _ | 3886 87 8 5 | T remotable |
| | CORAL GABLES | | , Florida | THE TANK | |
| D | (City) | | (Zip code) | | N. mar. Mar. |
| Registered agent's accep Having been named as re- | tance: gistered agent and to accept serv | vice of process for th | he above stated limited lid | ability compar | 5 1y at the place |
| designated in this applica | tion, I hereby accept the appoint | ment as registered (| agent and agree to act in | this capacity. | I further agree |
| | ons of all statutes relative to the p my position as regist e red agent. | ргорег ина сотріеі | e perjormance oj my aut | ies, ana i am | jamiliar wiin ai |
| | A | - | | | |
| | (Regist | ered agent's signature |) | | |
| 8. The name, title or capa | acity and address of the person(s) | who has/have autho | rity to manage is/are: | | |
| WD 19790 MNG, LLC, N | | | | | |
| 15801 BISCAYNE BLVI | D., STE 203, NORTH MIAMI BI | EACH, FL 33160 | | | |
| | <u> </u> | | | | |
| | | | | | |
| 9. Attached is a certificate | of existence, no more than 90 da | ys old, duly authenti | cated by the official havir | ng custody of | records in the |
| of the translator must be su | of which it is organized. (If the coabmitted) | ertificate is in a fore | ign language, a translation | of the certific | ate under oath |
| | / | - ⁄ | | | |
| | Signature | of an authorized person | on | | |
| This document is executed | in accordance with section 605.0 | • | | any falsa infor | mation |
| submitted in a document to | the Department of State constitu | tes a third degree fel | lony as provided for in s.8 | 17.155, F.S. | mativii |

ALEX D. SIRULNIK, ESQ.

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "WD 19790, 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 FOURTH DAY OF NOVEMBER, A.D. 2015.

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

5680715 8300 SR# 20150774126 Authentication: 10359622

Date: 11-04-15