Division of Corporations

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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.

(((H17000275727 3)))



H170002757273ABC5

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : BROAD AND CASSEL (BOCA RATON)

Account Number: 076376001555
Phone: (561)483-7000
Fax Number: (561)48%-7321

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

Email Address: nwinnick@brefrank.com

Foreign Limited Liability, Company Wellington FFI, LLC

Certificate of Status	11
Certified Copy	1
Page Count	03
Estimated Charge	\$160.00

Jo/2417

017 BCT 19 RM 1:

Electronic Filing Menu

Corporate Filing Menu-

Help

Broad and Cassel 10/19/2017 11:50:56 AM PAGE 2/003 Fax Server

Fax Audit No. H17000275727 3

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

Wellington FFI, LLC			
(Name of Foreign	Limited Liability Company; must include "Lim	ted Lisbikty Company," "L.L.C.," or "L.L.	C.")
Il nezzo una vertable, enzer a Bernara n	ame adopted for the purpose of transacting bestums in	lorids. The alsessate name asset include "Limiter	Limbility Company," "L.L.C." or "LLC")
2. Delaware		3	
(Jurisdiction under the law of w	Ich foreign kinzled liability company is organized)	(FE)	starrber, if applicable)
10/10/2017			٠,, ٠,
	(Date first transacted business in Florida, if prior (See sections 605.0904 & 605.0903, F.S. in date	to registration.)	一
7900 Glades Road, Sui		6 7900 Glades Road, Suit	e 320
(Street Address of	Tincinal Office)		Address)
Boca Raton, Florida 33434		Boca Raton, Florida 334	134 👸 🔭
			<u> </u>
			77
7. None and attended address	s of Florida registered agent: (P.O. Bo	N NOT accordable)	
. Name and street audics	g of Florida registered agent: (F.O. bi	X NOT seceptable)	Site of
Name:	Suprema, Inc.		さん さんしゅう
06 14	7900 Glades Road, Suite 320		
Office Address:		· · · · · · · · · · · · · · · · · · ·	
	Boca Raton	, Florida <u>33434</u>	
	(City)	148	
Having been named as re designated in this applica to comply with the provisi	tance: gistered agent and to accept service o tion, I hereby accept the appointment lons of all statutes religible to the prop	f process for the above stated limi as registered agent and agree to	ited liability company at the place act in this capacity. I further agree
Having been named as re designated in this applica to comply with the provisi	gistered agent and to accept service of tion, I hereby accept he appointment ons of all statutes relative to the prop s of my position as perfected agent.	f process for the above stated limi as registered agent and agree to	ited liability company at the place act in this capacity. I further agree
Having been named as re designated in this applica to comply with the provisi	gistered agent and to accept service o tion, I hereby accept he appointment lons of all statutes relative to the prop	f process for the above stated lim- as registered agent and agree to er and complets performance of t	ited liability company at the place act in this capacity. I further agree
Having been named as re designated in this applica to comply with the provisi and accept the obligation. 8. The name, title or capi	gistered agent and to accept service of tion, I hereby accept he appointment ions of all statutes relative to the props of my position as perfected agent. Regioned agent icity and address of the person(s) who	f process for the above stated limits as registered agent and agree to er and complete performance of the state of the sta	ited liability company at the place act in this capacity. I further agree my duties, and I am familiar with
Having been named as re designated in this applica to comply with the provisi and accept the obligation.	gistered agent and to accept service of tion, I hereby accept he appointment ions of all statutes relative to the props of my position as perfected agent. Regioned agent	f process for the above stated lime as registered agent and agree to er and complete performance of t https://www.	ited liability company at the place act in this capacity. I further agree my duties, and I am familiar with
Having been named as redesignated in this applicate to comply with the provisiond accept the obligation. 8. The name, title or capi	gistered agent and to accept service of tion, I hereby accept he appointment ions of all statutes relative to the props of my position as perfected agent. Regioned agent icity and address of the person(s) who	f process for the above stated lime as registered agent and agree to er and complete performance of the state	ited liability company at the place act in this capacity. I further agree my duties, and I am familiar with
Having been named as re designated in this applica to comply with the provisi and accept the obligation. 8. The name, title or capt Title or Capacity:	gistered agent and to accept service of tion, I hereby accept he appointment ons of all statutes relative to the property of my position as per a red agent. Regenced was accity and address of the person(s) who Name and Address:	f process for the above stated lime as registered agent and agree to er and complete performance of the state	ited liability company at the place act in this capacity. I further agree my duties, and I am familiar with
Having been named as re designated in this applica to comply with the provisi and accept the obligation. 8. The name, title or capt Title or Capacity:	gistered agent and to accept service of tion, I hereby accept he appointment ions of all statutes relative to the props of my position as per preed agent. Regented agent icity and address of the person(s) who Name and Address: 7900 Glades Road, Suite 32	f process for the above stated lime as registered agent and agree to er and complete performance of the state	ited liability company at the place act in this capacity. I further agreemy duties, and I am familiar with
Having been named as refessionated in this applicate comply with the provisional accept the obligation. 8. The name, title or capt Title or Capacity: Harold B Jacobsohn	gistered agent and to accept service of tion, I hereby accept he appointment ions of all statutes relative to the prop is of my position as perfected agent. Regional agent active and address of the person(s) who Name and Address: 7900 Glades Road, Suite 32 Boca Raton, Florida 33434	f process for the above stated limits as registered agent and agree to er and complete performance of the state of the sta	ited liability company at the place act in this capacity. I further agreemy duties, and I am familiar with
Having been named as re designated in this applica to comply with the provisi and accept the obligation. 8. The name, title or capt Title or Capacity:	gistered agent and to accept service of tion, I hereby accept he appointment ions of all statutes relative to the props of my position as perfect agent. Repeared agent active and address of the person(s) who Name and Address: 7900 Glades Road, Suite 32 Boca Raton, Florida 33434	f process for the above stated limits as registered agent and agree to er and complete performance of the state of the sta	ited liability company at the place act in this capacity. I further agree my duties, and I am familiar with
Having been named as refessionated in this applicate comply with the provisional accept the obligation. 8. The name, title or capt Title or Capacity: Harold B Jacobsohn	gistered agent and to accept service of tion, I hereby accept he appointment ions of all statutes relative to the prop is of my position as perfected agent. Regional agent active and address of the person(s) who Name and Address: 7900 Glades Road, Suite 32 Boca Raton, Florida 33434	f process for the above stated limits as registered agent and agree to er and complete performance of the state of the sta	ited liability company at the place act in this capacity. I further agreemy duties, and I am familiar with
Having been named as redesignated in this applicate to comply with the provision and accept the obligation. 8. The name, title or capt Title or Capacity: Harold B Jacobsohn Gary R Koolik	gistered agent and to accept service of tion, I hereby accept he appointment ions of all statutes relative to the props of my position as per breed agent. Regenered agent icity and address of the person(s) who Name and Address: 7900 Glades Road, Suite 32 Boca Raton, Florida 33434 7900 Glades Road, Suite 32 Boca Raton, Florida 33434	f process for the above stated limits as registered agent and agree to er and complete performance of the state of the sta	ited liability company at the place act in this capacity. I further agreemy duties, and I am familiar with
Having been named as redesignated in this applicate to comply with the provision and accept the obligation. 8. The name, title or capt Title or Capacity: Harold B Jacobsohn Gary R Koolik	gistered agent and to accept service of tion, I hereby accept he appointment ions of all statutes relative to the props of my position as per breed agent. Regenered agent icity and address of the person(s) who Name and Address: 7900 Glades Road, Suite 32 Boca Raton, Florida 33434 7900 Glades Road, Suite 32 Boca Raton, Florida 33434	f process for the above stated limits as registered agent and agree to er and complete performance of the state of the sta	ited liability company at the place act in this capacity. I further agree my duties, and I am familiar with
Having been named as redesignated in this applicate to comply with the provision and accept the obligation. 8. The name, title or capt Title or Capacity: Harold B Jacobsohn Gary R Koolik (Use attachments if necessity: 9. Attached is a certificate jurisdiction under the law	gistered agent and to accept service of tion, I hereby accept he appointment ons of all statutes relative to the propers of my position as per level agent. Repeared agent and Address: 7900 Glades Road, Suite 32 Boca Raton, Florida 33434 7900 Glades Road, Suite 32 Boca Raton, Florida 33434 Sarry) of existence, no more than 90 days of of which it is organized. (If the certific	f process for the above stated limits as registered agent and agree to er and complete performance of the state of the sta	ited liability company at the place oct in this capacity. I further agree my duties, and I am familiar with e: Name and Address:
Having been named as redesignated in this applicate to comply with the provision and accept the obligation. 8. The name, title or capt Title or Capacity: Harold B Jacobsohn Gary R Koolik (Use attachments if neces purisdiction under the law of the translator must be selected.)	gistered agent and to accept service of the proportion, I hereby accept he appointment tons of all statutes relative to the propos of my position as per preed agent. Regenered agent and address of the person(s) who name and Address: 7900 Glades Road, Suite 32 Boca Raton, Florida 33434 7900 Glades Road, Suite 32 Boca Raton, Florida 33434 sary) of existence, no more than 90 days old of which it is organized. (If the certifical address) uted in accordance with section 605.07	f process for the above stated limits as registered agent and agree to er and complete performance of the state of the sta	ited liability company at the place act in this capacity. I further agree my duties, and I am familiar with see: Name and Address: I having custody of records in the slation of the certificate under oath ware that any false information
Having been named as redesignated in this applicate to comply with the provision and accept the obligation. 8. The name, title or capt Title or Capacity: Harold B Jacobsohn Gary R Koolik (Use attachments if neces purisdiction under the law of the translator must be selected.)	gistered agent and to accept service of the proportion, I hereby accept he appointment tons of all statutes relative to the propos of my position as personal statutes of the person(s) who name and Address: 7900 Glades Road, Suite 32 Boca Raton, Florida 33434 7900 Glades Road, Suite 32 Boca Raton, Florida 33434 7900 Glades Road, Suite 32 Boca Raton, Florida 33434 contains the person(s) who have a suite 32 Grant Raton and address of the person(s) who have and address of the person(s) who have a suite 32 Boca Raton and address of the person(s) who have a suite 32 Boca Raton and address of the person(s) who have a suite 32 Boca Raton and address of the person and address of the pe	f process for the above stated limits as registered agent and agree to er and complete performance of the state of the sta	ited liability company at the place act in this capacity. I further agree my duties, and I am familiar with see: Name and Address: I having custody of records in the slation of the certificate under oath ware that any false information
Having been named as redesignated in this applicate to comply with the provision and accept the obligation. 8. The name, title or captage of the comply with the provision and accept the obligation. 8. The name, title or captage of the translator must be seen to the translator must be seen translator	gistered agent and to accept service of the proportion, I hereby accept he appointment tons of all statutes relative to the propos of my position as per preed agent. Regenered agent and address of the person(s) who name and Address: 7900 Glades Road, Suite 32 Boca Raton, Florida 33434 7900 Glades Road, Suite 32 Boca Raton, Florida 33434 sary) of existence, no more than 90 days old of which it is organized. (If the certifical address) uted in accordance with section 605.07	f process for the above stated limits as registered agent and agree to er and complete performance of the state of the sta	ited liability company at the place act in this capacity. I further agreemy duties, and I am familiar with the second sec

Typed or printed name of signor

Gary R Koolik

Fax Audit No. H17000275727 3



Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "WELLINGTON FFI, 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 NINTH DAY OF OCTOBER, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "WELLINGTON FFI, LLC" WAS FORMED ON THE SIXTH DAY OF OCTOBER, A.D. 2017.

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

6570195 8300 SR# 20176526822

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 203363693

Date: 10-09-17

Fax Audit No. H17000275727 3