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CT Corp.

3458 Lakeshore Drive, Tallahassee, FL 32312 850-656-4724

ite: 1/22/2018
Acc#120160000072
WL Blackwater 1 LLC (DE)
10800724 (106, 108)
Country of Destination: Number of Certs:
Certified: Plain: COGS:
Amount: \$ 160.00

Thank you!

COVERLETTER

Registration Section

TO:

45.3 - 46.46.463.5 51.47 - 4.4.4 - 4.4.454.5

Div	ision of Corporations					
SUBJECT:	WI. BLACKWATER I LE	.c				
GBJEC I.		Name of L	imited Liability (Company		
The enclosed Existence, an	I "Application by Foreign L ad check are submitted to re	imited Liability Comp gister the above refere	any for Authoriza need foreign limit	tion to Tra ed liability	insact Business in Florida," Ce y company to transact business	rtificate o in Florid
Please return	all correspondence concern	ting this matter to the	following:			
	Christopher A. Walke	r, Esq.				
		Na	me of Person			
	Lippes Mathias Wexle	er Friedman LLP				
		Fi	m/Company			
	822 N A1A, Suite 100)				
			Address			
	Ponte Vedra Beach, F	L 32082				
		City/St	ate and Zip Code			
	cwalker@lippes.com					
	E-ma	il address: (to be used	for future annual	report not	ification)	
For further i	nformation concerning this r	natter, please call:				
An	drew Bolender, Esq.		904 at t	718-869		
	Name of Cont	act Person	at [Area Code	Day	time Telephone Number	
Div Reg P.C	AILING ADDRESS: vision of Corporations gistration Section b. Box 6327 lahassee, FL 32314			Division Registrati Clifton B 2661 Exe	ADDRESS: of Corporations ion Section uilding cutive Center Circle ce, FL 32301	
Enclosed is a		ount: 30.00 Filing Fee & ificate of Status	S155.00 Filin Certified Copy	g Fee &	■ \$160.00 Filing Fee, Certi of Status & Certified Copy	ficate



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January 23, 2018

CT CORP

WL BLACKWATER SUBJECT: WL PANHANDLE-L'LE

Ref. Number: W18000006675

We have received your document for WL PANHANDLE LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name listed in number one of the application must be identical to the name listed in the certificate of existence.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris Regulatory Specialist II

Letter Number: 018A000013

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

Part of the source of the Law of the Control of

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

e	ame adopted for the purpose of transacting business in Ple	wide. The alternate name must include "Lumted Lia	bility Company," "L.I. C." or "LLC,")
	ame adopted for the purpose of transacting dusiness as the		
DELAWARE	hieli foreign funited liability company is organized)	3. Applied for (FEI ium	her, if applicable)
Assurance and a second of			
· <u>.</u>	(flate floor transported business in Florida it where to	revistration)	
	(Date first transacted business in Florida, if prior to (See sections 605 0904 & 605 0905, F.S. to determ		
8000 1H 10 WEST #12	200	6. 8000 1H 10 WEST #1200	mest
SAN ANTONIO, TX		SAN ANTONIO, TX 7823	
			<u> </u>
	· · - · - · - · · - · · · · ·		
Name and street address	ss of Florida registered agent: (P.O. Box	NOT acceptable)	9193
Trans and suject dealers		•	Gi (
Name:	Christopher A Walker, Esq.		* 1-
Office Address:	822 N A1A, Suite 100		N. 3
•	Ponte Vedra Beach	, Florida 32082	12
	(City)	, Florida (Zip cod	(e) FT
comply with the provis-	tion, I hereby accept the appointment a ions of all statutes relative to the pyoper s of my position as registery) agent.	and complete performance of my	duties, and I am familiar w
comply with the provis-	ions of all statutes relative to the pyoper	by	duties, and I am familiar w
comply with the provis. nd accept the obligation	ions of all statutes relative to the pyoper s of my position as registered agent. When the property will be a sense of the property with t	signature)	duties, and I am familiar w
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comply with the provising accept the obligation The name, title or capi	acity and address of the person(s) who have and Address: Christopher A. Walker	signature) as/have authority to manage is/are:	aunes, unu I um jumini.
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Page 1



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

DELAWARE, DO HEREBY CERTIFY "WL BLACKWATER 1 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 TWENTY-SECOND DAY OF JANUARY, A.D. 2018.

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

Authentication: 202008343

Date: 01-22-18