M18000007460

(Requestor's Name)	_
(Address)	_
(Address)	_
(City/State/Zip/Phone #)	_
PICK-UP WAIT MAIL	
(Business Entity Name)	_
(Document Number)	_
Certified Copies Certificates of Status	_
Special Instructions to Filing Officer:	
W18-70117	

Office Use Only



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SECRETARY OF STATE
AND ANASSEE FLORIDA

AUG 14 2018

FLORIDA DEPARTMENT OF STATE Division of Corporations

August 1, 2018

KRISTIN KUTAC 12425 28TH STREET N SUITE 100 ST. PETERSBURG, FL 33716

SUBJECT: WESTCHASE SA OPCO, LLC

Ref. Number: W18000070117

We have received your document for WESTCHASE SA OPCO, LLC and your check(s) totaling \$125.00. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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.

Deborah Bruce Corporate Records Supervisor

Letter Number: 818A000158

Please see attached.

Division of the DO DOV ages to 11.1 The in ages

COVER LETTER

	stration Section sion of Corporation	ıs			•		
	Westchase SA OP	°CO, LLC					
SUBJECT:		Name of I	Limited Liability (Company			
		eign Limited Liability Comp d to register the above refere					
Please return	all correspondence c	oncerning this matter to the	following:				
	Kristin Kutac						
		Na	ame of Person				
	Solvere Holdir	ngs, LLC					
		Fi	rm/Company				
	12425 28th St	reet N Suite 100					
			Address				
	St. Petersburg	ı, Florida 33716			7 0	201	
		City/S	tate and Zip Code		LL A	2018 AUG 1:0	
	bhalko@solutio	ns-advisors.com			大学	G -	
		E-mail address: (to be used	for future annual	report notificatio	u) 때문	P	7
For further in	formation concerning	g this matter, please call:			100 S	5	S.
Bria	n Halko		609 at (285-2920	. COXIDA	ည်	
	Name o	f Contact Person	Area Code	Daytime To	elephone Number		
Divis Regi P.O.	ILING ADDRESS: sion of Corporations stration Section Box 6327 shassee, FL 32314			STREET ADDI Division of Corp Registration Sect Clifton Building 2661 Executive C Tallahassee, FL	orations tion Center Circle		
	check for the follow 125.00 Filing Fee	ing amount: □ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filin Certified Copy	~	60,00 Filing Fee, C itus & Certified Co		

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

IN COMPLIANCE WITH SECTION 605,0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER: A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

	ame adopted for the purpose of transacting business in Flori		Liability Company," "L.L.C," or "EEC."
New Jersey		3. 32-0539822	
(Jurisdiction under the law of w	hich foreign limited liability company is organized)	11:11	number, if applicable)
July 1, 2018			
	(Date first transacted business in Florida, if prior to re (See sections 605.0904 & 605.0905, F.S. to determin		
12425 28th Street N		6 12425 28th Street N	
(Street Address of)	Principal Office)	(Mailing)	Address)
Suite 100		Suite 100	
St. Petersburg, Florid	da 33716	St. Petersburg, Florida	33716
Office Address:	12425 28th Street N Suite 100	22716	2018 AUG Slore d Tallaha
	St. Petersburg (City)	Florida 33716	XSS X
esignated in this applicate comply with the provise	(City)	rocess for the above stated limi registered agent and agree to (ted liability april partie
aving been named as resignated in this applica comply with the provis	(City) Itance: Egistered agent and to accept service of parties, I hereby accept the appointment as ions of all statutes relative to the proper of	rocess for the above stated limi registered agent and agree to a und complete performance of n	ted liability april partie
aving been named as revignated in this applica comply with the provising accept the obligation . The name, title or cap	containce: registered agent and to accept service of partion, I hereby accept the appointment as ions of all statutes relative to the proper of soft my position as registered agent. (Registered agent's salucity and address of the person(s) who has	rocess for the above stated limit registered agent and agree to a and complete performance of manage is/are	ted liability sompane at the act in this confocity. If furthing duties, and I um familiar
aving been named as resignated in this applica comply with the provising accept the obligation. The name, title or capa Title or Capacity:	cance: registered agent and to accept service of pation, I hereby accept the appointment as ions of all statutes relative to the proper of soft my position as registered agent. (Registered agent's statity and address of the person(s) who has Name and Address:	rocess for the above stated limi registered agent and agree to a and complete performance of n	ted liability company at the act in this confocity. If furthing duties, and I am familian
aving been named as revignated in this applica comply with the provising accept the obligation . The name, title or cap	containce: The entaince of partial contains and to accept the appointment as ions of all statutes relative to the proper of soft my position as registered agent. (Registered agent's same and address: Kristin Kutac 12425 28th St N Suite 100	rocess for the above stated limit registered agent and agree to a and complete performance of manage is/are	ted liability sompane at the act in this confocity. If furthing duties, and I um familiar
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aving been named as resignated in this applicates comply with the provising accept the obligation. The name, title or capatitle or Capacity: Managing Member	catance: registered agent and to accept service of pation, I hereby accept the appointment as ions of all statutes relative to the proper of soft my position as registered agent. (Registered agent's safety and address of the person(s) who has Name and Address: Kristin Kutac 12425 28th St N Suite 100 St. Petersburg FL 33716	rocess for the above stated limit registered agent and agree to a and complete performance of manage is/are	ted liability sompane at the act in this confocity. If furthing duties, and I um familiar
aving been named as resignated in this application comply with the provising accept the obligation. The name, title or capatitle or Capacity: Managing Member	containce: The stance: The stance: The stance of partial and to accept service of partial accept the appointment as ions of all statutes relative to the properties of my position as registered agent. The stance of the person of the pers	rocess for the above stated limit registered agent and agree to a and complete performance of manage is/are	ted liability sompane at the act in this confocity. If furthing duties, and I um familiar

Signature of an authorized person

Brian Halko, Director of Business Operations

10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information

submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

STATE OF NEW JERSEY DEPARTMENT OF THE TREASURY DIVISION OF REVENUE AND ENTERPRISE SERVICES SHORT FORM STANDING

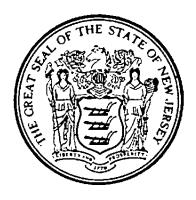
WESTCHASE SA OPCO LLC 0450256485

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Limited Liability Company was registered by this office on April 01, 2018.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and office are:

KRISTIN KUTAC 125 VILLAGE BOULEVARD SUITE 304 PRINCETON, NJ 08540



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 9th day of August, 2018

Elizabeth Maher Muoio State Treasurer

duk A Mun

Certificate Number: 6090407975

Verify this certificate online at

 $https://www.t.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp$

STATE OF NEW JERSEY DEPARTMENT OF THE TREASURY FILING CERTIFICATE (CERTIFIED COPY)

Corporation Name:

WESTCHASE SA OPCO LLC

Business Id:

0450256485

Certificate Number:

6000087514

I, THE TREASURER OF THE STATE OF NEW JERSEY, DO HEREBY CERTIFY, THAT THE ABOVE NAMED BUSINESS DID FILE AND RECORD IN THIS DEPARTMENT AN ORIGINAL CERTIFICATE ON APRIL 1, 2018 AND THAT THE ATTACHED IS A TRUE COPY OF THIS DOCUMENT AS THE SAME IS TAKEN FROM AND COMPARED WITH THE ORIGINAL(S) FILED IN THIS OFFICE AND NOW REMAINING ON FILE AND OF RECORD.

IN TESTIMONY WHEREOF, I HAVE HEREUNTO SET MY HAND AND AFFIXED MY OFFICIAL SEAL AT TRENTON, THIS July 19, 2018 A.D.



ELIZABETE MANER MUOIC ACTIEG STATE TREASURER

VERIFY THIS CERTIFICATE ONLINE AT

https://wwwl.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp