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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : VCORP SERVICES, LLC

Account Number: I20080600067 Phone : (845)425-0077 : (845) 818-3588 Fax Number

\*\*Enter the email address for this business entity to be used for ture annual report mailings. Enter only one email address please.

statenotices@vcorpservices.com

## Foreign Limited Liability Company WG Portfolio Stanford LLC

Certificate of Status	1
Certified Copy	1
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EXAMINER

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

IN COMPLIANCE WITH SEC COMPANY TO TRANSACT BU	TION 605.0902, FI ORIDA STATUTES. THE FO ISINESS IN THE STATE OF FLORIDA:	OLLOWING IS SUBMITTED TO REGIST	TER A FOREIGN UMITED LIABILITY
, WG Portfolio Stanford	LLC		
(Name of Foreign	Limited Liability Company; must include "Limite	ed Liability Company," "L.L.C.," or "LLC."	
		for the state of t	white Comment " 11 1 C" ca "11 C")
	nne adopted for the purpose of transacting business in Plo	Official 1 for aircrimite matte materialistic Complete Lie	anny Company, Lact, in act.)
Delaware Ourselenan under the law of w	high sorcign lumined hability company is organized)	3. (FEI man	shor, il applicable
			🗿 පි
4	(Dine first transacted business in Florida, if prior to	registration.)	
	(See sections 605,0904 & 605,0905, F.S. to actern		<b>9</b> 6 00
5. 14 Steuben Ln (Street Address of )	rinomat Office)	6. 14 Steuben Ln	decen
Jackson, NJ 08527		Jackson, NJ 08527	
******* <del>*****************************</del>			
******			
7. Name and street addres	is of Florida registered agent: (P.O. Box	k <u>NOT</u> acceptable)	
	Vcorp Services, LLC		
Name:			
Office Address:	5011 South State Road 7, Suite 106		
	Davie	Florida 33314 (Zip co	
Registered agent's accep		(Vip co	<del>ડ</del> ા
and accept the obligation	ions of all statutes relative to the proper s of my position as registered agent.		
	(Registered agents's	aigratico)	
8. The name, title or caps Title or Capacity:	acity and address of the person(s) who have and Address:	as/have authority to manage is/are: Title or Croacity:	Name and Address:
MGR	Shraga Schorr		
	14 Steuben Ln		
	Jackson, NJ 08527	<del>***</del>	
	<del></del>	<del></del>	
(Use attachments if neces	sary)		
9. Attached is a certificate jurisdiction under the law of the translator must be s	of existence, no more than 90 days old, of which it is organized. (If the certifica ubmitted)	duly authenticated by the official hate is in a foreign language, a transla	naving custody of records in the attion of the certificate under oath
10. This document is exect submitted in a document to	tuted in accordance with section 605.040 to the Department of State constitutes with	hird degree felony as provided for in	nre that any false information a s.817,155, F.S.
	Shraga Schorr	6 of an authorized person	

7096123 8300

SR# 20187194163



Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "WG PORTFOLIO STANFORD 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 SEVENTEENTH DAY OF OCTOBER, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "WG PORTFOLIO STANFORD LLC" WAS FORMED ON THE ELEVENTH DAY OF OCTOBER, A.D. 2018.

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

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

Authentication: 203632082

Date: 10-17-18