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JALLAHASSEE, FL

2018 DEC 20 AM 9: 55

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S. PRATHER

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT	NO	I20000000195
ACCOOM!	IVO.	12000000017

REFERENCE : 551468 7694430

AUTHORIZATION : Typell Cleration

COST LIMIT : \$ 125.00

ORDER DATE: December 19, 2018

ORDER TIME : 1:34 PM

ORDER NO. : 551468-010

CUSTOMER NO: 7694430

## FOREIGN FILINGS

NAME: WS CLEARWATER, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Emily Croft -- EXT# 62925

EXAMINER:

## **COVER LETTER**

TO:	Registration Section Division of Corporatio	ns				
SUBJE	WS Clearwater, LL	С				
74202		Name of	Limited Liability	Company		
					ransact Business in Florida," Co by company to transact business	
Please r	eturn all correspondence	concerning this matter to the	e following:			
		7	Name of Person			
		F	Firm/Company			
	<del></del>			-		
			Address			
		City/S	State and Zip Code	;		
		E-mail address: (to be use	d for future annua	l report no	tification)	
For furth	ner information concernin	g this matter, please call:		-	·	
			at (	)		
	Name o	f Contact Person	Area Code	Day	rtime Telephone Number	
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314			Division Registrat Clifton B 2661 Exe	of Corporations ion Section duilding ecutive Center Circle see, FL 32301	
	is a check for the follow ☐ \$125.00 Filing Fee	ing amount:  \$\Bigcup \frac{1}{3}\text{130.00 Filing Fee & Certificate of Status}\$	S155.00 Filir Certified Copy	ng Fee &	□ \$160.00 Filing Fee, Certifold Copy	ficate

## 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 BUSINESS. IN THE STATE OF FLORIDA:

diamental and a second	e name adopted for the purpose of transacting business in F	2 14 - 24 1	A - Life Comment of the Comment of the
on Delaware	e name anopied for the purpose of transacting business in r		
~'_ <del></del>	which foreign limited liability company is organized)	3. NA (FE)	number, if applicable).
4 Upon Qualification			number, if applicable).
4. Open Quantication	(Date first transacted business in Florida, if prior t (See sections 605,0904 & 605,0905, F.S. to deter	to registration.)	20
5.		6.	Address) ST
(Street Address)	of Principal Office)	garliet/()	
3715 Northside Pkw	/ NW Ste 4-600	3715 Northside Pkwy N	W Ste 4-600 Tu 9
Atlanta, GA 30327	<del></del>	Atlanta, GA 30327	THE OF
7. Name and <u>street addi</u> Name:	ess of Florida registered agent: (P.O. Bo Corporation Service Company	ox <u>NOT</u> acceptable)	
Office Address	1201.11		
Office Address	Tallahussee		
	(City)	Florida 32301	<del></del>
designated in this applic to comply with the prov	eptance: registered agent and to accept service of cation, I hereby accept the appointment isions of all statutes relative to the prope us of my position as registered agent	f process for the above stated lim as registered agent and agree to er and complete performance of	act in this capacity. I further agree my duties, and I am familiar with
Having been named as designated in this applicate occupily with the provand accept the obligation.  8. The name, title or ca	eptance: registered agent and to accept service of ration, I hereby accept the appointment isions of all statutes relative to the prope us of my position as registered agent Corporation Service Company By:  Registered agent pacity and address of the person(s) who	process for the above stated lim as registered agent and agree to ar and complete performance of Emily Cro Asst. Vice Pre	ited liability company at the place act in this copacity. I further agreemy duties, and I am familiar with off
Having been named as designated in this applicate ocomply with the provand accept the obligation.  8. The name, title or carries or Capacity:	eptance: registered agent and to accept service of ration, I hereby accept the appointment isions of all statutes relative to the prope us of my position as registered agent Corporation Service Company By:  Registered agent Registered agent pacity and address of the person(s) who have	process for the above stated lim as registered agent and agree to ar and complete performance of Emily Cro Asst. Vice Pre asshave authority to manage is/ar Title or Capacity:	ited liability company at the place act in this capacity. I further agreemy duties, and I am familiar with off sident.  Sident  E:  Name and Address:
Having been named as designated in this applicate occupily with the provand accept the obligation.  8. The name, title or ca	eptance: registered agent and to accept service of ration, I hereby accept the appointment isions of all statutes relative to the prope us of my position as registered agent Corporation Service Company By:  Registered agent pacity and address of the person(s) who	process for the above stated lim as registered agent and agree to ar and complete performance of Emily Cro Asst. Vice Pre	ited liability company at the place act in this copacity. I further agreemy duties, and I am familiar with off
Having been named as designated in this applicate ocomply with the provand accept the obligation.  8. The name, title or carries or Capacity:	eptance: registered agent and to accept service of ration, I hereby accept the appointment isions of all statutes relative to the properties of my position as registered agent.  Corporation Service Company By:  Registered agent pacity and address of the person(s) who have and Address:  Beth Day  3715 Northside Pkwy NW	process for the above stated lim as registered agent and agree to ar and complete performance of Emily Cro Asst. Vice Pre asshave authority to manage is/ar Title or Capacity:	oited liability company at the place act in this capacity. I further agreemy daties, and I am familiar with off sident.  Sident  E:  Name and Address:  David Thompson  401 S Dixie Hwy Ste 303
Having been named as designated in this applicate ocomply with the provand accept the obligation.  8. The name, title or carries or Capacity:	eptance: registered agent and to accept service of ration, I hereby accept the appointment isions of all statutes relative to the proper us of my position as registered agent Corporation Service Company By:  Registered agent pacity and address of the person(s) who I  Name and Address:  Beth Day  3715 Northside Pkwy NW Atlanta, GA 30327	process for the above stated lim as registered agent and agree to ar and complete performance of Emily Cro Asst. Vice Pre asshave authority to manage is/ar Title or Capacity:	oited liability company at the place act in this capacity. I further agreemy daties, and I am familiar with off sident.  Sident  E:  Name and Address:  David Thompson  401 S Dixie Hwy Ste 303

Typed or printed name of signee

Page 1



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

DELAWARE, DO HEREBY CERTIFY "WS CLEARWATER, 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 NINETEENTH DAY OF DECEMBER, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "WS CLEARWATER, LLC" WAS FORMED ON THE NINETEENTH DAY OF DECEMBER, A.D. 2018.

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

Authentication: 204143139

Date: 12-19-18

7201376 8300 SR# 20188268217