

M190000001669

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

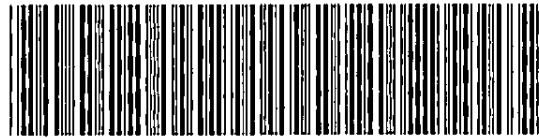
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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19 FEB 15 2019 FEB 15 AM 9:23
TALLAHASSEE, FL

TO: 18 07
RAHHL

FILE 1ST

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 633874 7694430

AUTHORIZATION :

COST LIMIT : \$ 125.00

ORDER DATE : February 14, 2019

ORDER TIME : 4:51 PM

ORDER NO. : 633874-005

CUSTOMER NO: 7694430

FOREIGN FILINGS

NAME: WS PINELLAS PARK, 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: Roxanne Turner -- EXT# 62969

EXAMINER: _____

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:

1. WS Pinellas Park, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "LLC.")

2. Delaware 3. 83-3566040
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. Upon qualification
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. WS Pinellas Park, LLC 6.
(Street Address of Principal Office) (Mailing Address)
3715 Northside Pkwy NW, Ste 4-600 3715 Northside Pkwy NW, Ste 4-600
Atlanta, GA 30327 Atlanta, GA 30327

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee, Florida 32301
(City) (Zip code)

Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

By: Corporation Service Company

(Registered agent's signature)

Roxanne Turner
Asst. Vice President

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CLERK OF STATE
TALLAHASSEE, FL

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

Title or Capacity: **Name and Address:**

☐ Manager Name: David Thompson

☒ Member Address: 401 S Dixie Hwy, Ste 303

☐ Authorized West Palm Beach, FL 33401

Person

☐ Other ☐ Other

☐ Manager Name: Sean Reynolds

☒ Member Address: 636 W Yale Street

☐ Authorized Orlando, FL 32804

Person

☐ Other ☐ Other

☐ Manager Name: Bryan Borland

☒ Member Address: 636 W Yale Street

☐ Authorized Orlando, FL 32804

Person

☐ Other ☐ Other

Title or Capacity: **Name and Address:**

☐ Manager Name: Josh Lynch

☒ Member Address: 636 W Yale Street

☐ Authorized Orlando, FL 32804

Person

☐ Other ☐ Other

☐ Manager Name: Alexander Panzeri

☒ Member Address: 401 S Dixie Hwy, Ste 303

☐ Authorized West Palm Beach, FL 33401

Person

☐ Other ☐ Other

☐ Manager Name: Beth Day

☒ Member Address: 3715 Northside Pkwy, 600

☐ Authorized Atlanta, GA 30327

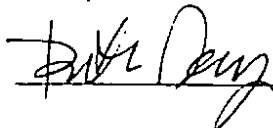
Person

☐ Other ☐ Other

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

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.



Signature of an authorized person

Beth Day, member, WS Pinellas Park, LLC

Typed or printed name of signer

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Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "WS PINELLAS PARK, 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 FOURTEENTH DAY OF FEBRUARY, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "WS PINELLAS PARK, LLC" WAS FORMED ON THE THIRTEENTH DAY OF FEBRUARY, A.D. 2019.

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



Jeffrey W. Bullock, Secretary of State

7281766 8300

SR# 20191023669

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

Authentication: 202263035

Date: 02-14-19