1190001930

(Re	equestor's Name)	
(Ad	ldress)	
· (Ad	Idress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
	_	





600322533656

02/12/19--01013--022 **130.00





February 7, 2019

VIA FEDERAL EXPRESS
Florida Department of State
Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Re: Application by Foreign LLC for Authorization to Transact Business in Florida

Dear Sir/Madam:

Enclosed for registration is an Application By Foreign Limited Liability Company for Authorization to Transact Business in Florida for WSSA Tampa Falkenburg II, LLC along with our check in the amount of \$130.00 as payment for the filing fee and Certificate of Status. Also enclosed is a Certificate of Good Standing from the State of Michigan issues February, 6 2019.

Please return the Certificate of Status and filed Application to us in the enclosed pre-paid Federal Express package.

If you have any questions, or need additional documentation, please let me know.

Sincerely,

Donna Klagstad
WSSA, LLC
810.239.1551 ext 304
dklagstad@wssallc.com

COVER LETTER

TO:

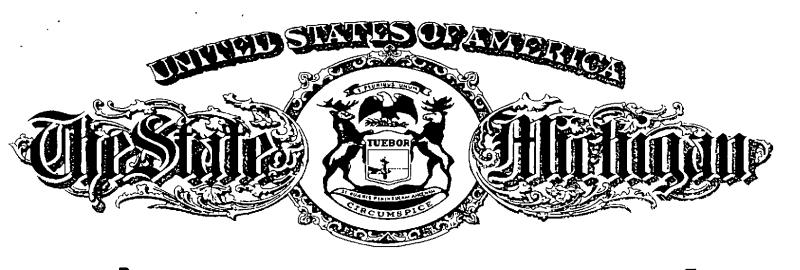
Registration Section

Division	of Corporation	18				
WS SUBJECT:	SSA Tampa Fall	kenburg II, LLC				
		Name of	Limited Liability	Company		-
The enclosed "Ag Existence, and el	pplication by For neck are submitte	eign Limited Liability Comp d to register the above refer	oany for Authoriza enced foreign limi	ation to Transact E ted liability compa	Business in Floridany to transact bu	a," Certificate of siness in Florida.
Please return all	correspondence e	oncerning this matter to the	following:			
			ame of Person			_
•	WSSALLC /	WSSA Tampa Falkenburg	nii i C			
•				. <u></u>		_
		rı	rm/Company			
	P.O. Box 3597	•				
			Address	 _		_
	Flint, MI 4850	2				
		City/S	tate and Zip Code		7 <u>2</u>	_
[OKlagstad@ws:	sallc.com			2019 FI	-77
_		E-mail address: (to be used	I for future annual	report notificatio	n) 7	
For further inform	nation concerning	g this matter, please call:				
Donna	Klagstad		810 at (239.1551		Ü
	Name o	f Contact Person	Area Code	Daytime Te	lephone Number	_
Division Registra P.O. Bo	NG ADDRESS: of Corporations tion Section x 6327 see, FL 32314			STREET ADDI Division of Corp Registration Sect Clifton Building 2661 Executive (Tallahassee, FL.)	orations tion Center Circle	
Enclosed is a cher □ \$125.	ck for the followi 00 Filing Fee	ing amount: S130.00 Filing Fee & Certificate of Status	□ \$155.00 Filit Certified Copy	_	60.00 Filing Fee, itus & Certified C	

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:

f name unavailable, enter alternate	name adopted for the purpose of transacting business in Florid	is. The alternate name must include "Limited Lia	bility Company," "L.L C," or "LLC.")
Michigan		3. 83-2794487	
(Jurusdiction under the law of w	which foreign limited hability company is organized)	(FEI numb	per, if applicable)
January 25, 2019			
	(Date first transacted business in Florida, if prior to reg (See sections 605,0904 & 605,0905, F.S. to determine	gistration.) penalty liability)	 .
503 S. Saginaw		6 P.O. Box 3597	
(Street Address of Suite 600	Principal Office)	(Mailing Addi	ress)
Flint, MI 48502	12.	FIG. MI. 40500	<u> </u>
1 lift, Wil 48302		Flint, MI 48502	
Name and street addre	ss of Florida registered agent: (P.O. Box 1	NOT acceptable)	201
	John Sabty	· ·	
Name:			
Office Address:	6301 Collins Avenue #1802		2 2
	Miami Beach	, Florida 33141	· · · · · · · · · · · · · · · · · · ·
egistered agent's accep	(City)	(Zip code	
comply with the provis	ions of all statutes relative to the proper as s of my position as registered agent. (Registered agent's sign	nd complete performance of my o	in this capacity. I further luties, and I am familiar v
comply with the provised accept the obligation The name, title or capa	ions of all statutes relative to the proper as s of my position as registered agent. (Registered agent's signacity and address of the person(s) who has	nd complete performance of my d	in this capacity. I further luties, and I am familiar w
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Lansing, Michigan

This is to Certify That

WSSA TAMPA FALKENBURG II, LLC

was validly authorized on December 14, 2018, as a Michigan DOMESTIC LIMITED LIABILITY COMPANY. and said limited liability company is validly in existence under the laws of this state and has satisfied its annual filing obligations.

This certificate is issued pursuant to the provisions of 1993 PA 23 to attest to the fact that the company in good standing in Michigan as of this date.

This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit given it in every court and office within the United States.

CORPORATION A Commercial Liver of Commercial L

Sent by electronic transmission

In testimony whereof, I have hereunto set my hand, in the City of Lansing, this 6th day of February, 2019.

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Julia Dale, Director

Corporations, Securities & Commercial Licensing Bureau

Certificate Number: 19020748230