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Account#: I20000000088

Date:	03/13/2019					
Name:	Merritt Walker					
	1057564	_				
	ALLERAND W	OR INVESTCO, LLC				
✓ Article	es of Incorporation/Authorization	to Transact Business				
Amer Amer	ndment					
☐ Chan	ge of Agent					
☐ Reins	statement					
Conv	ersion					
☐ Merg	er					
☐ Dissolution/Withdrawal						
☐ Fictiti	ous Name					
☐ Other						
Authorized A	Amount:\$125					
Signature:	MM. 7					

+44 (0)20.3961.3080

COVER LETTER

TO:	Registration Section Division of Corporations				
	Allerand WOR Investco, LLC				
SUBJE	Name of Limited Liability Company				
The end Existen	osed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of e, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.				
Please	turn all correspondence concerning this matter to the following:				
	Kay Caliendo				
	Name of Person				
c/o Allerand Capital, LLC					
Firm/Company					
675 W Indiantown Road					
Address					
Jupiter, FL 33458					
City/State and Zip Code					
	kcaliendo@allerand.com				
	E-mail address: (to be used for future annual report notification)				
For fu	ner information concerning this matter, please call:				
	Kay Caliendo <u>at</u> 561 427-6776				
	Name of Contact Person Area Code Daytime Telephone Number				
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314 STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301				
	Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPARTMENT OF STATE \$125.00 Filing Fee \$\sum_{\text{S130.00}} \text{S130.00 Filing Fee & \sum_{\text{Certificate}} \text{S155.00 Filing Fee & \sum_{\text{Opy}} \text{S160.00 Filing Fee, Certificate of Status & Certified Copy} Certificate of Status & Certified Copy				

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

1	Allerand WO		•			
(Name of Foreig	n Limited Liability Company; must include "	Limited Liability	Company," "L.L.C.," or "LLC.")			
(Uneme unavailable enter alternate	name adopted for the purpose of transacting business	s in Florida. The also	mate verse must include "Limited Liability Comm	unv:="L.L.C." or "	ūc.n	
_	Delaware				,	
7	which foreign limited liability company is organized)	3	83 - 3932795 (FEI mumber, if applie	abic)	_	
	3/13/19	9				
4	(Date first transacted business in Florida, if y (See sections 605 0904 & 605 0905, F.S. to	erior to registration.) determine penalty li	sbility)			
S. (Street Address of Principal Office)		6.	675 W Indiantov	vn Rd		
		٠	(Mailing Address)			
Jupiter, FL 33458			Jupiter, FL 33458			
		_		, zi .	2019 HAR	
	 	~		1	-MA	
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)			i Türk	? 3	E 2 MG	
				<u> </u>	至	
Name:	COGENCY GLO	BALIN	IC.		9	
	445 North Calbarra	Ct Cuit	0.4		19	
Office Address:	115 North Calhoun	<u> Ol. Oull</u>	<u>5.4</u>			
	Tallahass	ee	, Florida <u>32301</u> (Zip code)			
Registered agent's acco	entance:					
Having been named as	registered agent and to accept service	1861 NC 7801558	ren apeni ana ayrez lo aci in inis l	CODULAR, IN	1111157 7	B
to comply with the prov	isions of all statutes relative to the p	roper ana con	uplete performance of my duties, o	and I am fatt	iliar wi	th
and accept the obligation	ons of my position as registered agen		Λ			

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: Title or Capacity: Name and Address: **Edward Welke X**Manager Name: Manager Address: 675 W Indiantown Rd Member Member Address: _ __ _ Jupiter, FL 33458 Authorized Authorized Person Person Other Other_ Other Other Manager Manager Name: ______ Name: ______ Address: _____ Member Member Address: Authorized Authorized Person Person Other Other_____ Other_ Other_ Name: Manager Manager Member Address: Member Address: _______ Authorized Authorized Person Person Other_ ___Other_____ Other_ Other_ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed 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.

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "ALLERAND WOR INVESTCO, 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 THIRTEENTH DAY OF MARCH, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ALLERAND WOR INVESTCO, LLC" WAS FORMED ON THE THIRTEENTH DAY OF MARCH, A.D. 2019.

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



Jeffrey W. Bullock, Secretary of State

Authentication: 202429924