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COVER LETTER

TO: Registration Section **Division of Corporations**

WHITE STONE PROPERTIES, LLC

SUBJECT:

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all

Please return all correspondence concerning this matter to the	following:		
Thomas M Jauch			
N	ame of Person		
WHITE STONE PR	OPERTI	ES, LLC	
F	irm/Company		
2438 Baywood Dr. V	West		
	Address		
Dunedin, FL 34698			
City/S	tate and Zip Code		
tjauch@cisco.com			
É-mail address: (to be used	d for future annual	report notification)	.
For further information concerning this matter, please call:			<u>;:</u> :
Thomas M Jauch	727	,540-1463	
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:

☑ \$125.00 Filing Fee

□ \$130.00 Filing Fee & Certificate of Status

□ \$155.00 Filing Fee & Certified Copy

\$160.00 Filing Fee, Certificate of Status & Certified Copy

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

IN COMPLANCE WITH SECTION 605.0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED HABILITY COMPANYTOTRANSACT BUSINESS IN THE STATE OF FLORIDA:

		 			
	ame adopted	for the purpose of transacting business i	in Florida, The alteri	rate name must include "Lamied I	.uability Company," "L.L.C," or "LLC"
Nevada (Jurisdiction under the law of wh	hich foreign I	limited hability company is organized)	_ 3	(FEI nu	mber, if applicable)
,					
	- ID eta			- <u> </u>	
	(See se	first transacted business in Florida, if pri- ections 605 0904 & 605 0905, F.S. to de	etermane penalty liab	ility)	
2438 Baywood D	r. Wes	<u>t </u>	6. <u>2</u>	438 Baywood Dr.	
(Street Address of Principal Office) Dunedin, FL 34698			0	unedin, FL 34698	
Duricum, 12 0400			<u> </u>	diledin, i E 34090	
Name and street addres		ida registered agent: (P.O. 1	Box <u>NOT</u> acc	eptable)	
Name:	Regis	stered Agents Inc.			
Office Address:	7901	4th St N STE 300			
	St D	etersburg			
	<u> </u>	(City)		Florida <u>33702</u> (Zip s	rode)
id accept the obligations	s of my p Beet	oosition as registered agent.			
		(America			
	<u> </u>	(Registered ago	ent's signature)		
The name, title or cana	acity and			hority to manage is/are	_
. The name, title or capa <u>Title or Capacity:</u>	acity and	address of the person(s) who	o has/have aut	hority to manage is/are or Capacity:	Name and Address:
Title or Capacity:	acity and	address of the person(s) who	o has/have aut	•	
	acity and	address of the person(s) who Name and Address: Thomas M Jauch	o has/have aut	•	
Title or Capacity:	acity and	address of the person(s) who	o has/have aut	•	Name and Address:
Title or Capacity: Manager	acity and	address of the person(s) who Name and Address: Thomas M Jauch 2438 Barwood Dr. West Cunedin, FL 34698	o has/have aut	•	
Title or Capacity:	acity and	address of the person(s) who Name and Address: Thomas M Jauch 2438 Bawwood Dr West Dunedin, FL 34698 Cynthia Ann Jauch	o has/have aut	•	Name and Address:
<u>Title or Capacity:</u> Manager	acity and	address of the person(s) who Name and Address: Thomas M Jauch 2438 Barwood Dr. West Dunedin, FL 34698 Cynthia Ann Jauch 2438 Barwood Dr. West	o has/have aut	•	Name and Address:
Title or Capacity: Manager Manager	-	address of the person(s) who Name and Address: Thomas M Jauch 2438 Bawwood Dr West Dunedin, FL 34698 Cynthia Ann Jauch	o has/have aut	•	Name and Address:
Title or Capacity: Manager Manager	-	address of the person(s) who Name and Address: Thomas M Jauch 2438 Barwood Dr. West Dunedin, FL 34698 Cynthia Ann Jauch 2438 Barwood Dr. West	o has/have aut	•	Name and Address:
Title or Capacity: Manager Manager Use attachments if necess	- sary)	address of the person(s) who Name and Address: Thomas M Jauch 2438 Barwood Dr. West Dunedin, FL 34688 Cynthia Ann Jauch 2438 Barwood Dr. West Dunedin, FL 34688	o has/have aut Title	or Capacity:	Name and Address:
Title or Capacity: Manager Manager Use attachments if necess Attached is a certificate risdiction under the law of	- sary) of existe of which	address of the person(s) who Name and Address: Thomas M Jauch 2438 Baywood Dr. West Dunedin, FL 34698 Cynthia Ann Jauch 2438 Baywood Dr. West Dunedin, FL 34698 ence, no more than 90 days of it is organized. (If the certif	o has/have aut	nticated by the official	Name and Address:
Title or Capacity: Manager Manager Use attachments if necess Attached is a certificate prisdiction under the law of	- sary) of existe of which	address of the person(s) who Name and Address: Thomas M Jauch 2438 Baywood Dr. West Dunedin, FL 34698 Cynthia Ann Jauch 2438 Baywood Dr. West Dunedin, FL 34698 ence, no more than 90 days of it is organized. (If the certif	o has/have aut	nticated by the official	Name and Address:
Title or Capacity: Manager Manager Use attachments if necess Attached is a certificate or is diction under the law of the translator must be seen	- sary) of existe of which ubmitted)	address of the person(s) who Name and Address: Thomas M Jauch 2438 Baywood Dr. West Dunedin, FL 34698 Cynthia Ann Jauch 2438 Baywood Dr. West Dunedin, FL 34698 ence, no more than 90 days of it is organized. (If the certification)	o has/have authe	nticated by the official reign language, a transl	having custody of records in ation of the certificate under
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Title or Capacity: Manager Manager Use attachments if necess Attached is a certificate risdiction under the law of the translator must be sue. This document is executed.	sary) of existe of which ubmitted)	address of the person(s) who Name and Address: Thomas M Jauch 2438 Baywood Dr. West Dunedin, FL 34698 Cynthia Ann Jauch 2438 Baywood Dr. West Dunedin, FL 34698 ence, no more than 90 days of it is organized. (If the certification)	o has/have auther icate is in a for	nticated by the official reign language, a transl	having custody of records in ation of the certificate under are that any false informatio
Title or Capacity: Manager Manager Use attachments if necess Attached is a certificate risdiction under the law of the translator must be sue. This document is executed.	sary) of existe of which ubmitted)	address of the person(s) who Name and Address: Thomas M Jauch 2438 Baywood Dr. West Dunedin, FL 34698 Cynthia Ann Jauch 2438 Baywood Dr. West Dunedin, FL 34698 ence, no more than 90 days of it is organized. (If the certification of the companion of the certification of the c	o has/have auther icate is in a for	nticated by the official reign language, a transl	having custody of records in ation of the certificate under are that any false informatio
Title or Capacity: Manager Manager Use attachments if necess Attached is a certificate or is diction under the law of the translator must be sue. This document is executed.	sary) of existe of which ubmitted)	address of the person(s) who Name and Address: Thomas M Jauch 2438 Baywood Dr. West Dunedin, FL 34698 Cynthia Ann Jauch 2438 Baywood Dr. West Dunedin, FL 34698 ence, no more than 90 days of it is organized. (If the certification of the companion of the certification of the c	o has/have auther icate is in a for	nticated by the official reign language, a transl	having custody of records in ation of the certificate under are that any false informatio

SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, Barbara K. Cegavske, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **WHITE STONE PROPERTIES, LLC**, as a limited liability company duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since February 5, 2019, and is in good standing in this state.

A DE LA DEL

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on February 25, 2019.

Ballara K. Cegarske

Barbara K. Cegavske Secretary of State

Electronic Certificate
Certificate Number: C20190225-1175