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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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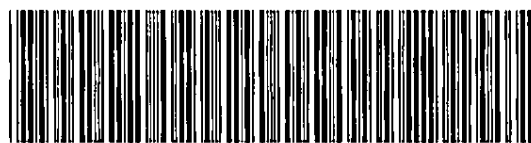
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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LAW OFFICE OF
GRANT & DOZIER, LLC
ATTORNEYS AND COUNSELORS AT LAW

WILLIAM JOHN GRANT
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FRED D. MONGELLO
JONATHAN A. BODDEN
TREASURER

123 NORTH APOPKA AVENUE
INVERNESS, FLORIDA 34450
(352) 726-5111
(352) 726-7244 FACSIMILE

April 17, 2019

Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

Via U.S. Mail Delivery

Re: **Wexford North Port, LLC**
Registration of Foreign LLC in Florida

To Whom it May Concern:

Enclosed, please find a cover letter, 'Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida', Certificate of Existence from the State of South Carolina, and this firm's Check #3176 in the amount of \$125.00 made out to Florida Department of State on behalf of Wexford North Port, LLC.

Should you have any questions or require additional information, please do not hesitate to contact me.

Sincerely,

Jonathan A. Bodden, Esq.

JAB

Enclosures: Cover Letter (1 Page)
Application (2 Pages)
Certificate of Existence (1 Page)
Check #3176 for \$125.00 to Florida Department of State

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Wexford North Port, LLC

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 correspondence concerning this matter to the following:

Jonathan Bodden

Name of Person

Law Office of Grant & Dozier, LLC

Firm/Company

123 N. Apopka Ave.

Address

Inverness, Florida 34450

City/State and Zip Code

jbodden@grantdozierlaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jonathan Bodden

352

726-5111

at ()

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



\$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 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. Wexford North Port, LLC.
(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," 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," "L.L.C.," or "LLC")

2. South Carolina 83-4413862
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

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

5. 32 Castlebridge Lane 32 Castlebridge Lane
(Street Address of Principal Office) (Mailing Address)

Hilton Head Island, South Carolina 29928 Hilton Head Island, South Carolina 29928

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

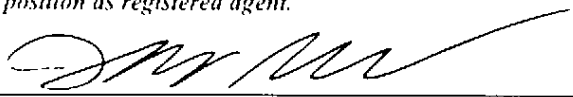
Name: Jonathan Bodden, Law Office of Grant & Dozier

Office Address: 123 N. Apopka Ave.

Inverness 34450
(City) Florida (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.


(Registered agent's signature)

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: Frank Leighs Church

☐ Member Address: 32 Castlebridge Lane

☐ Authorized Hilton Head Island, SC 29928

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

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

☒ Manager Name: Sharon Church

☐ Member Address: 32 Castlebridge Lane

☐ Authorized Hilton Head Island, SC 29928

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

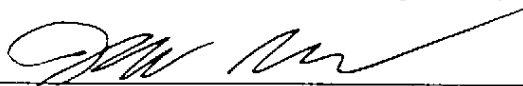
Person _____

☐ 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.

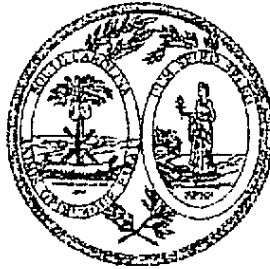


Signature of an authorized person

Jonathan Boddien

Typed or printed name of signee

The State of South Carolina



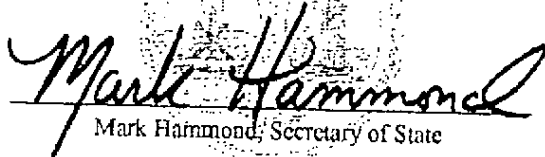
Office of Secretary of State Mark Hammond

Certificate of Existence

I, Mark Hammond, Secretary of State of South Carolina Hereby Certify that:

Wexford North Port, LLC, a limited liability company duly organized under the laws of the State of South Carolina on April 11th, 2019, with a duration that is at will, has as of this date filed all reports due this office, paid all fees, taxes and penalties owed to the State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to S.C. Code Ann. §33-44-809, and that the company has not filed articles of termination as of the date hereof.

Given under my Hand and the Great Seal
of the State of South Carolina this 11th day
of April, 2019


Mark Hammond, Secretary of State