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Foreign Limited Liability Company **BWW 18.012 LUTZ, LLC**

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Help

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 FOREKEY LIMITED LIMITLITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

come ប្រធានការដែលនៃ enter alternata ប	ame adopted for the purpose of transacting business in F	locida. The alternate name must include "L	inited Liebility Company.	"-LLC,"	عداء موا
Delaware-		84-2892489 3.		2019	
(Jurgaichian unider the law of w	isch foreign limited hability company is organized)	•	(FEI manber, if applicable	"	
Upon Qualification			7.500 2000	$\frac{1}{\omega}$	
	(Date Sest transasted business in Florida, if prior (See sections 605,0904 & 605,0905, F.S. to deter	n regulation) wine penalty instituy)	- ,	<u>P:</u>	
142 West Platt Street		142 West Platt Stree	a ∑. ∑.		
(Street Address of	nneight Office)	(M	ling Address)		
Tampa, EL 33606		Tampa, FL 33606			
	·				
Namé ánd street addre	s of Florida registered agent; (P.O. Bo	nx <u>NOT</u> acceptable)			
Name ånd <u>street addre:</u> Name:	s of Florida registered agent: (P.O. Bo William Collins	ox <u>NOT</u> acceptable)			
		ox <u>NOT</u> acceptable)			
Ņame:	William Collins	NOT acceptable) 337	15		

Registered agent's accoptance:

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 capazity. 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.

Name and Address:	Title or Capacit	y: Name and Address:
Name: Donald E. Phillips	Manager	Name:
Address: 142 West Platt Street	Member	Address:
Tampa, PL 33606	Authorized	
	Person	
Other	Other	
		70V
Name:	□ Маладет	Name: St. Co
Address:	Member	Address:
	Authorized	<u> </u>
	Person	DÃ.
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Name:	Manager [Name:
Address:	Member	Address:
-	Authorizēd	
Min I	Person'	· · · · · · · · · · · · · · · · · · ·
Other	Other	
		Tampa, PL 33606 Person Other Manager Address: Member Person Other Manager Authorized Person Authorized Person Authorized Person

Typed or printed name of signals.

Donald E. Phillips

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "BWW 18.012 LUTZ, 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 TWELFTH DAY OF NOVEMBER, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BWW 18.012 LUTZ, LLC" WAS FORMED ON THE FIFTH DAY OF AUGUST, A.D. 2019.

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

4: 1:

-

e at corp.delaware.gov/aut

Authentication: 203982753

Date: 11-12-19