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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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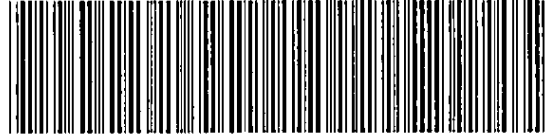
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

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K. SALY

NOV 15 2019

FILE 1ST

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 032657 7694430

AUTHORIZATION : 

COST LIMIT : \$ 125.00

ORDER DATE : November 1, 2019

ORDER TIME : 12:32 PM

ORDER NO. : 032657-005

CUSTOMER NO: 7694430

FOREIGN FILINGS

NAME: WS EAST SHORE, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY
____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Robinson -- EXT# 62968

EXAMINER: _____

**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. WS East Shore, 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. Delaware
(Jurisdiction under the law of which foreign limited liability company is organized)

3. NA
(FEI number, if applicable)

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

5. 3715 Northside Pkwy NW Ste 4-600
(Street Address of Principal Office)

6. 3715 Northside Pkwy NW Ste 4-600
(Mailing Address)

Atlanta, GA 30327

Atlanta, GA 30327

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

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee, Florida 32301
(City) (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.

By: Roxanne Turner
(Registered agent's signature)

Roxanne Turner
Asst. Vice President

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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: Bryan Borland

☒ Member Address: 636 W. Yale Street

☐ Authorized Orlando, FL 32804

Person _____

☐ Other _____ ☐ Other _____

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

☐ Manager Name: Sean Reynolds

☒ Member Address: 636 W. Yale Street

☐ Authorized Orlando, FL 32804

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: Josh Lynch

☒ Member Address: 636 W. Yale Street

☐ Authorized Orlando, FL 32804

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: Alexander Panzeri

☒ Member Address: 401 S Dixie Hwy Ste 303

☐ Authorized West Palm Beach, FL 33401

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: Beth Day

☒ Member Address: 3715 Northside Pkwy NW

☐ Authorized Ste 4-600

Person Atlanta, GA 30327

☐ Other _____ ☐ Other _____

☐ Manager Name: David Thompson

☐ Member Address: 401 S Dixie Hwy Ste 303

☐ Authorized West Palm Beach, FL 33401

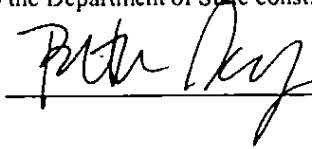
Person _____

☐ 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

Beth Day

Typed or printed name of signer

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "WS EAST SHORE, 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 FIRST DAY OF NOVEMBER, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "WS EAST SHORE, LLC" WAS FORMED ON THE THIRTIETH DAY OF OCTOBER, A.D. 2019.

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA




Jeffrey W. Bullock, Secretary of State

7679194 8300

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You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 203917107

Date: 11-01-19