NACCE COUNTY

(f	Requestor's Name)		
(,	Address)		
	Address)		
((City/State/Zip/Phone #)		
PICK-UP	WAIT MAIL		
(1)	Business Entity Name)		
(Document Number)			
Certified Copies	Certificates of Status		
Special Instructions to Filing Officer.			

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2020 JAN 16 AN 10:51





CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312 850-656-4724

1/16/2020

Date:	ate:	1/16/2020		
	-	Acc#I2016000007	2	
Name:	The Web	oster US LLC		
Document #:				
Order #:	1256984	9		
Certified Copy of Arts & Amend: Plain Copy: Certificate of Good Standing: Apostille/Notarial Certification:		Country of Destination Number of Certs:	:	2020 JAN 16 PM 4: 44 SALUALIAN SELFLORICA
Availability Document Examiner Updater Verifier W.P. Verifier Ref#	Certif Plain: COGS			
		Thank you!		

COVER LETTER

Div	ision of Corporations						
SUBJECT:	The Webster US LLC	Name of Limited Liability Company					
The enclosed Existence, ar	d "Application by Fore nd check are submitted	eign Limited Liability Compa to register the above referer	any for Authoriza	ation to Transact Busin	ness in Florida," Ce o transact business	rtificate of in Florida.	
Please return	all correspondence co	oncerning this matter to the fo	ollowing:				
	Bernard Rawlins	S					
		Nai	me of Person		7/		
	Hogan Lovells U	JS LLP			20 JA	711	
	390 Madison Av		m/Company		2020 JAN 16 PM	Fri	
			Address				
	New York, NY	10017			LORIDA		
		City/Sta	nte and Zip Code				
	bernard.rawlins@	hoganlovells.com					
		E-mail address: (to be used	for future annua	report notification)			
For further in	nformation concerning	this matter, please call:					
Be	rnard Rawlins		212 at (918-3206			
	Name of	Contact Person	Area Code	Daytime Telepl	none Number		
Div Reg P.C	AILING ADDRESS: vision of Corporations gistration Section b. Box 6327 lahassee, FL 32314			STREET ADDRES Division of Corporat Registration Section Clifton Building 2661 Executive Cent Tallahassee, FL 3230	ions ter Circle		
	closed is a check for the ase make check payabl	e following amount: le to: FLORIDA DEPART!	MENT OF STA	TE			
	\$125.00 Filing Fee	S130.00 Filing Fee & Certificate of State	⊠ \$155.00	Filing Fee & 🔲	\$160.00 Filing Fee of Status & Certific		

Registration Section

TO:

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

IN COMPILANCE 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. The Webster US LLC						
(Name of Foreign)	Limited Liability Company, must include "Limite	ed Liabilit	y Company," "E. L.C.," or "LLC	.")		
If name unavailable, enter alternate na	une adopted for the purpose of transacting business in Flo	orida. The a	Iternate name must include "Limited I	Liability Company,	""L L.C," (or "LLC.")
Delaware 2.		3.	(FEI m			<u>.</u>
(Jurisdiction under the law of wh	nch foreign limited liability company is organized)		(FEI m	umber, if applicable	:)	
4	(Date first transacted business in Florida, if prior to (See sections 605 0904 & 605,0905, F.S. to determ	revistration	-	·		
	(See sections 605 0904 & 605,0905, F.S. to determ	nine penalty		ĬΆĽ	2020 J.N 16	
1220 Collins Avenue 5.		6.	1220 Collins Avenue (Masling A	ddress) ASSEE	ال 0	
(Street Address of P	innerpal Office)		(Masling A	iddress)	Ź:	•
Miami Beach, FL			Miami Beach, FL			
33139			33139	FLOR	PH 4:	
7. Name and street addres	s of Florida registered agent: (P.O. Bo	x <u>NOT</u>	acceptable)	E DA	+	
Name:	C T Corporation System					
Office Address:	1200 South Pine Island Road					
	Plantation		33324 , Florida			
	(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.

CT Corporation System

By Nathan Giffin, Assistant Secretary

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]: Name and Address: Title or Capacity: Name and Address: Title or Capacity: Laure Heriard Dubreuil Webster Holdings LLC Name: Manager Manager Manager 1220 Collins Avenue 1220 Collins Avenue Address: _ ☐ Member ⊠Member | Address: Miami Beach, FL Miami Beach, FL 33139 X Authorized Authorized 33139 Person Person Other____ Other Other____ Other Laurent Malecaze Manager Address: ____ ☐ Member Address: _ Member Miami Beach, FL Authorized □ Authorized
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 □ Authorized 33139 Person Person 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. Signature of an authorized person Laurent Malecaze Typed or printed name of signee

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "THE WEBSTER US 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 FIFTEENTH DAY OF JANUARY, A.D. 2020.

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

TALLAHASSEE, FIRBIA



7789234 8300 SR# 20200311211 Authentication: 202196576

Date: 01-15-20