Division of Corporations

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To:

Division of Corporations

Fax Number

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From:

: CORPORATE CREATIONS INTERNATIONAL INC. Account Name

Account Number: 110432003053 : (561)694-8107 : (561)694-1639 Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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Foreign Limited Liability Company WAYPOINT ORMOND BEACH OWNER, LLC

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$130.00

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M. SOLON

7/10/20, 10:24 AM

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 RECISTER A FOREIGN. LIMITED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

(Name of Foreign I	D BEACH OWNER, LLC Limited Liability Company, must include "Limited Liab				
If name unavailable, enter alternate no	ime adopted for the purpose of transacting business in Florida.	The altern	ate name must include "Linsted Liability Company,	""LLC," or "LLC."	ì
Delaware			-0438102		
(Jurisdiction under the law of wh	ich foreign himited liability company is organized)	-'-	(FEI number, if applicable)		
·	(Date first transacted business in Florida, if prior to registr (See sections (4)5,0904 & 605 (905, F.S. to determine per	ution) alty liabil	nyl		
18909 NE 29th Ave.			009 NE 29th Ave.		
Street Address of Principal Office)		n	(Mailing Address)		
Aventura, FL 33180		Av	entura, FL 33180		
				be a pa	2020 JUL
7. Name and street addres	s of Florida registered agent: (P.O. Box NC	<u>)T</u> acce	ptable)		. 10 m
Name:	Corporate Creations Network Inc.			عربان ا ^ر د التنه	표 단 음
Office Address:	801 US Highway !			,	~ .
	North Palm Beach		33408 , 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.

/s/ Caitlin Lazarus	Caitlin Lazarus.	Special Secretary
(Repisered 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:	Title or Capacity:		Name and Address	<u>:</u>
□Manager	Name: Waypoint Ormond Beach Investors, L	P □Manager	Name:		
≣Member	Address: 18909 NE 29th Ave.	□Member	Address:		
□Authorized	Aventura, FL 33180	□Authorized			
Person		Person			
□Other	□Other	□Other		□Other	
□Manager	Name:	□Manager	Name:		
□Member	Address:	□Member	Address:		
□Authorized		□Authorized		- ·/·	2020
Person		Person		- 11 m	
□Other	□Other	□Other		Other 7.5	
□Manager	Name:	□Manager	Name:		구 - 3: 150
□Member	Address:	□Member	Address:		
□Authorized		□Authorized			
Person		Person			
□Other	()ther	□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 outh 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.

/s/ Caitlin Lazarus	
	Signature of an mathorized person
Caitlin Lazarus, Attorney-in	n-Fact
	Typed or printed name of signee

Delaware The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "WAYPOINT ORMOND BEACH OWNER, 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 TENTH DAY OF JULY, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "WAYPOINT ORMOND BEACH OWNER, LLC" WAS FORMED ON THE TENTH DAY OF APRIL, A.D. 2014.

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

and come delawate gov/auti

Authentication: 203259161

Date: 07-10-20