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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : GREENSPOON MARDER, P.A.

Account Number : 076064003722 Phone : (888)491-1120 : (954)333-4242 Fax Number

**Enter the email address for this business entity to be used for future er the email address for this business chart, it is annual report mailings. Enter only one email address please.

deb.nihiser@gmlaw.com Email Address:

Foreign Limited Liability Company WG Lake Austin, LLC

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			City	/State and	l Zip Code				
sop@c	ogencyglobal.com								
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COVER LETTER

TO:	Registration Section Division of Corporations					
SUBJE	WG Lake Austin, LLC					
	Name of Limited Liability Company					
The en- Existen	closed "Application by Foreign Limited Liability (ace, and check are submitted to register the above t	Company for Authorization to Transact Business in Florida," Certificate of referenced foreign limited liability company to transact business in Florida.				
Please	return all correspondence concerning this matter to	o the following:				
	Deb Nihiser					
		Name of Person				
	Greenspoon Marder					
		Firm/Cempany				
	1144 15th Street, Suite 2700					
	Address					
	Denver, Colorado 80202					
	C	ity/State and Zip Code				
	sop@cogencyglobal.com					
	E-mail address: (to be	used for future annual report notification)				
For fun	ther information concerning this matter, please cal	} :				
	Deb Nihiser	720 625-2781 a1 ()				
	Name of Contact Person	Area Code Daytime Telephone Number				
	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Fl. 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				
	Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEP. \$125.00 Filing Fee \$130.00 Filing Fee Certificate o	e & 🔲 \$155.00 Filing Foe & 🗏 \$160.00 Filing Fee, Certificate				

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

IN COMPLIANCE WITH SECTION 6/6,0902, FLORIDA STATUTES, THE POLLOWING IS SCIENTIFED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA WG Lake Austin, LLC 1. (Name of Foreign Limited Liability Company, must michide "Limited Liability Company," "L. L. C.," or "L.I.C.") (if many unavailable, once absenue unavailab Delaware 2. (Jurisdiction taster the law of which fixeign limited liability company in organized) (t El menber, et applicable) 07/15/2020 4. _____ (Date first transacted business in Florida, if prior to registration.) (See sections 605 0904 & 605 0905, F.S. to determine penalty limbility) 401 E. Las Olas Blvd. 300 Atlantic Street (Street Address of Principal Office) (Mathry Address) Suite 1870 Suite 1110 Fort Lauderdale, FL 33301 Stainford, CT 06901 7. Name and street address of Florida registered agent: (P.O. Box, NOT acceptable) Cogency Global Inc. Name: 115 N. Calhoun Street, Stc. 4 Office Address: Tallahassee Florida (Cov)

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 daties, and I am familiar with and accept the obligations of my position as registered agent.

/s/Eric Hood	ERIC HOOD, ASSISTANT SECRETARY
	(स्टब्रंसावाचे तहुका 's श्रवत्तावक)

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 Canacity:	Name and Address:
■Manager	Name: Westport Capital Partners LLC	□Manager	Name: Marc Porosoff, Esq.
☐Member	Address: 300 Atlantic Street	☐Member	Address: 300 Atlantic Street
□Authorized	Suite 1110	■ Authorized	Suite 1110
Person	Stainford, CT 06901	Person	Stamford, CT 06901
Other	□Other	□Other	Other
□Manager	Name:	□Manager	Name:
∐Member	Address:	□Member	Address:
□Authorized		☐ Authorized	
Person	· · · · · · · · · · · · · · · · · · ·	Person	
□Other	[]Other	□Other	□Other
□Manager	Name:	□Manager	Name:
∐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. 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, duty 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.

My Wignsture of an authorized person

Delaware The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "WG LAKE AUSTIN, 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 TWENTY-FIRST DAY OF JULY, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "WG LAKE AUSTIN, LLC" WAS FORMED ON THE THIRTEENTH DAY OF JULY, A.D. 2020.

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

Authentication: 203320427

Date: 07-21-20