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or fur	ther infor	rmation concerning t	this matter, please ca	all:					
	Tamm	y Bishop			800	375-2453			
		Name of (Contact Person	at	Area Code) :	Telephone Number	 er	
	Divisio Registr P.O. Bo	ING ADDRESS: on of Corporations ration Section ox 6327 assee, FL 32314				STREET AD Division of Control Segistration S Clifton Building 2661 Executive Tallahassee, F	orporations Section ing ve Center Circle		
		ed is a check for the		.					
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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 HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

aska		84-4187436			
urisdiction under the law of w	hich foreign limited liability company is organized)	3(FEI mumber, if ap	3. (FEI number, if applicable)		
8/2020					
	(Date first transacted business in Florids, if prior t (See sections 605.0904 & 605.0905, F.S. to deten	o registration)	- F2		
05 Old Steese Hwy S	ite 122	953 Ashton Oaks Circle	20.3		
(Street Address of I	Principal Office)	6. (Mailing Address)			
airbanks, AK 99701		Lakeland, FL 33813	Carl P		
			1951 12 12 12 12 12 12 12 12 12 12 12 12 12		
		<u></u>	<u> </u>		
ame and <u>street addres</u>	ss of Florida registered agent: (P.O. Bo	x NOT acceptable)			
	William Nerestant				
Name:	William Peresian				
Name:					
Name: Office Address:	953 Ashton Oaks Circle				
		33813			
	953 Ashton Oaks Circle	, Florida (Zap code)	-		
Office Address:	953 Ashton Oaks Circle Lakeland (Cay)	Florida	-		
Office Address: stered agent's accep	953 Ashton Oaks Circle Lakeland (Cay)	Florida	_		

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: William Nerestant Name: _____ ■Manager Manager Address: ___ Address: 953 Ashton Oaks Circle ■ Member ■ Member Lakeland, FL 33813 Stoughton, MA 02072 Authorized Authorized Person Person Other____ Other Other Other Manager Manager Manager Member Member Address: Address: Authorized Authorized Person Person Other____ Other Other Manager Name: Manager Name: Member Member Address: 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. re of an authorized person William Nerestant

Typed or printed name of signee

Alaska Entity #10121200

State of Alaska
Department of Commerce, Community, and Economic Development
Corporations, Business, and Professional Licensing

Certificate of Compliance

The undersigned, as Commissioner of Commerce, Community, and Economic Development of the State of Alaska, and custodian of corporation records for said state, hereby issues a Certificate of Compliance for:

Wilner Premier, LLC

This entity was formed on January 7, 2020 and is in good standing. This entity has filed all biennial reports and fees due at this time.

No information is available in this office on the financial condition, business activity or practices of this corporation.

Julie Ciolerum



IN TESTIMONY WHEREOF, I execute the certificate and affix the Great Seal of the State of Alaska effective January 7, 2020.

Julie Anderson Commissioner