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COVER LETTER

TO:

pplication by Foreign Limited Liability C	e of Limited Liability Company Company for Authorization to Transact Business in Florida, referenced foreign limited liability company to transact busi the following:	," Certi iness in
neck are submitted to register the above recorrespondence concerning this matter to	referenced foreign limited liability company to transact busing	," Certi iness in
	o the following:	
Helen Stephenson		
	Name of Person	-
Otis Warren & Company, Inc		
	Firm/Company	-
2223 Wheatley Drive		
	Address	_
Baltimore, MD 21207		
С	ity/State and Zip Code	-
helen@otiswarren.com		
E-mail address: (to be	used for future annual report notification)	-
nation concerning this matter, please cal	il:	
Stephenson	410 539-1010 Ext 237	J 63e2
Name of Contact Person	Area Code Daytime Telephone Number	ı
Address:	Street Address:	₹.)
	S .	
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ox 6327 assee, F1. 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	e: 3
	Baltimore, MD 21207 Chelen@otiswarren.com E-mail address: (to be nation concerning this matter, please call tephenson Name of Contact Person Address: ration Section on of Corporations ox 6327	Firm/Company 2223 Wheatley Drive Address Baltimore, MD 21207 City/State and Zip Code helen@otiswarren.com E-mail address: (to be used for future annual report notification) nation concerning this matter, please call: dephenson Area Code Street Address: ation Section Area Code Street Address: Registration Section On of Corporations On 6327 British Address: The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

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. Warren Tallahassee LL	C Limited Liability Company; must include "Limite	d Liabilit	v Company.""L.L.C.," or "LLC.")		
·					
(If name unavailable, enter alternate i	name adopted for the purpose of transacting business in F	lorida. The	alternate name must include "Limited Liability	Company,""L.L.C," or "LLC	
Delaware 2.		3.	(FEI number, if a		
(Jurisdiction under the law of w	hich foreign limited liability company is organized)		(FEI number, if a	oplicable)	
4					
	(Date lirst transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determine	ine penalty	i.) liability)		
73 St George Place		C/O Otis Warren			
Street Address of Principal Office)		0.	(Mailing Address)		
Palm Beach Gardens, FL 33418		2223 Wheatley Drive			
			Baltimore, MD 21207		
. Name and street addres	s of Florida registered agent: (P.O. Box	NOT a	acceptable)	3 8 3 0 2	
Name:	C T Corporation System			1 co	
Office Address:	1200 South Pine Island Road			—, —,	
	Plantation		33324 , Florida		
	(City)		(Zip code)	\(\frac{1}{2}\)	

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.

Denise Bell, 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]:

Title or Capacity:	Name and Address:	Title or Capacit	<u>v:</u>	Name and Address:
∰Manager	Name: Otis Warren, Jr	□Manager	Name:	
□Member	Address: 73 St George Place	□Member	Address:	
□Authorized	Palm Beach Gdns, FL 33418	□Authorized		
Person		Person		
□Other	Other	□Other		□Other
: }Manager	Name:	□Manager	Name:	<u></u>
[]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 □
				vo.

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

Otis Warren, Jr

Typed or printed name of signee

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Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "WARREN TALLAHASSEE 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 THIRTY-FIRST DAY OF AUGUST, A.D. 2020.



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Date: 08-31-20