

N20000010465

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(Requestor's Name)

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(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

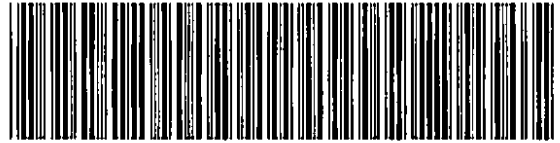
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(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

W20000116223

Office Use Only



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2020 NOV 17 PM 4:25  
TALLAHASSEE, FLORIDA

YS  
11/17/20 ✓



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 9, 2020

KEITH CARROLL  
12815 EMERALD COAST PARKWAY  
SUITE 124  
MIRAMAR BEACH, FL 32550

SUBJECT: WILSONCAP, LLC  
Ref. Number: W20000116223

We have received your document for WILSONCAP, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Pursuant to s.605.0902(1)(e), Florida Statutes, the document must contain the name, title or capacity and address of at least one person who has the authority to manage the foreign limited liability company.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Yvette Scott  
Document Specialist II

Letter Number: 020A00019836

RECEIVED  
NOV 16 2020

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** WilsonCAP, LLC

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Keith Carroll

\_\_\_\_\_  
Name of Person

Carroll & Hudson, P.A.

\_\_\_\_\_  
Firm/Company

12815 Emerald Coast Parkway, Suite 124

\_\_\_\_\_  
Address

Miramar Beach, Florida 32550

\_\_\_\_\_  
City/State and Zip Code

kcarroll@carrollandhudsonpa.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Keith Carroll

850

502-4322

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
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 DEPARTMENT OF STATE**

☐ \$125.00 Filing Fee

☒ \$130.00 Filing Fee &  
Certificate of Status

☐ \$155.00 Filing Fee &  
Certified Copy

☐ \$160.00 Filing Fee, Certificate  
of Status & Certified Copy

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2020 NOV 17 PM 4:25  
TALLAHASSEE, FLORIDA

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. WilsonCAP, LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Delaware  
(Jurisdiction under the law of which foreign limited liability company is organized)

3. \_\_\_\_\_  
(FEI number, if applicable)

4. 09/28/2020  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 296 Splash Drive  
(Street Address of Principal Office)

6. PO Box 611127  
(Mailing Address)

Inlet Beach, Florida 32461

Rosemary Beach, Florida 32461

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

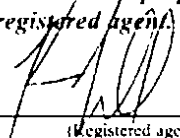
Name: Carroll & Hudson, P.A.

Office Address: 12815 Emerald Coast Parkway, Suite 124

Miramar Beach, Florida 32550  
(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.

  
(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:**

☒ Manager Name: Southern Magnolia Residences at  
☐ Member Address: PO Box 384  
☐ Authorized Vernon, Florida 32462  
Person  
☐ Other ☐ Other

☒ Manager Name: Blue Dolphin Holdings, LLC  
☐ Member Address: 275 Trace Ridge Road  
☐ Authorized Hoover, Alabama 35244  
Person  
☐ Other ☐ Other

☐ Manager Name:  
☐ Member Address:  
☐ Authorized  
Person  
☐ Other ☐ Other

**Title or Capacity:** **Name and Address:**

☒ Manager Name: WilsonA1, LLC  
☐ Member Address: 296 N. Splash Drive  
☐ Authorized Inlet Beach, Florida 32461  
Person  
☐ Other ☐ Other

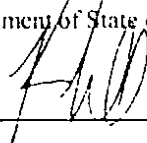
☐ Manager Name:  
☐ Member Address:  
☐ Authorized  
Person  
☐ Other ☐ Other

☐ Manager Name:  
☐ Member Address:  
☐ Authorized  
Person  
☐ 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 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

Keith Carroll - Registered Agent

\_\_\_\_\_  
Typed or printed name of signer

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "WILSONCAP, 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 NOVEMBER, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "WILSONCAP, LLC" WAS FORMED ON THE TWENTY-NINTH DAY OF JANUARY, A.D. 2020.

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

2020 NOV 17 PM 4:25  
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OFFICE OF THE SECRETARY OF STATE  
DELAWARE



7824653 8300

SR# 20208332458

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

  
Jeffrey W. Bullock, Secretary of State

Authentication: 204051476

Date: 11-10-20