

Division of Corporations

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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
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2020 NOV 20 PM 4:27

Foreign Limited Liability Company WW RESIDENTIAL III LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
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2020 NOV 20 PM 4:13

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506
11/23/20

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. WW RESIDENTIAL III 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)

85-3340636

3.

(FEI number, if applicable)

4.

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

222 LAKEVIEW AVENUE, SUITE 200

5. (Street Address of Principal Office)

WEST PALM BEACH, FL 33401

222 LAKEVIEW AVENUE, SUITE 200

6.

(Mailing Address)

WEST PALM BEACH, FL 33401

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

Name:

CT CORPORATION

Office Address:

1200 SOUTH PINE ISLAND ROAD

PLANTATION

(City)

, Florida

33324

(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.

Terrie Bates, 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:☐ ManagerName: ROGER POLLAK☐ MemberAddress: 222 LAKEVIEW AVENUE☐ AuthorizedSUITE 200

Person

WEST PALM BEACH, FL 33401☒ Other EX. VICE PRES☒ Other SECRETARY☐ ManagerName: GREGG FORDE☐ MemberAddress: 222 LAKEVIEW AVENUE☐ AuthorizedSUITE 200

Person

WEST PALM BEACH, FL 33401☒ Other EX. VICE PRES☐ Other _____☐ Manager

Name: _____

☐ Member

Address: _____

☐ Authorized

Person

☐ Other _____☐ Other _____Title or Capacity:Name and Address:☐ ManagerName: BARBARA BACHMAN☐ MemberAddress: 222 LAKEVIEW AVENUE☐ AuthorizedSUITE 200

Person

WEST PALM BEACH, FL 33401☒ Other SENIOR V.P.☒ Other TREASURER☐ Manager

Name: _____

☐ Member

Address: _____

☐ Authorized

Person

☐ Other _____☐ Other _____☐ Manager

Name: _____

☐ Member

Address: _____

☐ Authorized

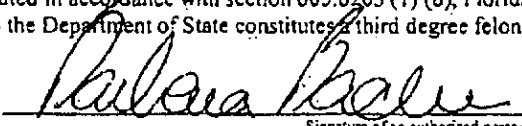
Person

☐ 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

BARBARA BACHMAN

Typed or printed name of signee

Delaware

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "WW RESIDENTIAL III 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 TWENTIETH DAY OF NOVEMBER, A.D. 2020.

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

2020 11 20 15:16

A handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

3815103 8300

SR# 20208455809

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 204128965

Date: 11-20-20