M20000011740

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					





700355866957

12/15/20--01012--029 ++125.00

WALL 5 15 ET 4: 39

50/2/8/20

COVER LETTER

TO: Registration Section						
Division of Corporations Mydding Ador Services						
SUBJECT: 913 WESTDANK	D 11C					
SUBJECT: Name of Limited Liability Company						
	any for Authorization to Transact Business in Florida," Certificate of need foreign limited liability company to transact business in Florida.					
Please return all correspondence concerning this matter to the f	ollowing:					
Denise Aic	ola					
Nai	me of Person					
O Asion of Corpor Asia Canada and San						
12. mars WN Marag	sement					
Fire Fire	h/Company					
11-	C_1					
ml3wop	Street 10					
	Addicas					
Greenwich	CT 06830					
	ate and Zip Code					
DF (LC)	or beture annual report notification)					
For further information concerning this matter, please call:	- Ci					
Tai Aisla	100 71 C 1000 F					
Name of Contact Person	at ($\angle O3$) ($\bigcirc 9 - 1 - 0 - 3$) Area Code Daytime Telephone Number $=$					
Name of Contact Letson	.,					
	Street Address:					
_	Registration Section Division of Corporations					
Division of Corporations P.O. Box 6327 Division of Corporations The Centre of Tallahassee						
Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810						
Tallahassee, FL 32303						
Enclosed is a check for the following amount:						
Piezse make check payable to: FLORIDA DEPARTi	MENT OF STATE					
✓ \$125.00 Filing Fee						
Certificate of State	us Certified Copy of Status & Certified Copy					

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

N COMPLIANCE WITH SECT COMPANY TO TRANSACT BUT	HON 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGIS. SINESS IN THE STATE OF FLORIDA:	TER A FOREIGN LIMITED LIABILITY
1. 913 WE	At Daul Drug UC .imited Liability Company, ""L.L.C.," or "LLC."	
(Name of Poleign t	minited triability Company, must include strimited triability Company. Tatte of Tatte.	,
(If name unavailable, enter alternate na	ame adopted for the purpose of transacting business in Florida. The alternate name must include "Limited	Liability Company," "L.L.C," or "LLC,")
2. <u>Delaux</u>	a 83-4327 (FEI nur	758
(Jurisdiction under the law of wh	ich foreign finnted habitity company is organized) (Fet nur	iber, it applicable)
4	Date first transacted business in Florida, it more to registration.	
	(Date first transacted business in Florida, if prior to registration) (See sections 605 0904 & 605 0905, F.S. to determine penalty liability)	
5. 40 W EUm S	St-1D 6. Sama as (Mailing Address)	#5
Greenwich	CT 06830	
<u>O Jass Wich</u>	<u></u>	
7. Name and street address	s of Florida registered agent: (P.O. Box NOT acceptable)	
	C = C + C + C + C + C + C + C + C + C +	··
Name:	William Petelli	ហ កា
Office Address:	5722 Biscayre CT	- ∏
	New Port Richey Florida 346	•
	(City) Florida 940 (Zip code)	730
Registered agent's accept	tance: gistered agent and to accept service of process for the above stated limited	d liability company at the place
designated in this applicat	ion, I hereby accept the appointment as registered agent and agree to account on some statutes relative to the proper and complete performance of my	t in this capacity. I further agree
	of my position as registered agent.	·
·	Ullian fettele	
	(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 Capacity:		Name and Address:
iDManager	Name: Elsie Webster	□Manager	Name:	
□Member	Address: 411 arbor Circle	□Member	Address:	
□Authorized	Celebration FL	□Authorized		
Person	34747	Person		
Other Other Constant		□Other		Other
to is age for to six (6	N1'			
□Manager	Name:	□Manager	Name:	
□Member	Address:	□Member	Address:	
□Authorized		□Authorized		
Person		Person		
□Other		□Other		□Other
Linkers of the second	· •••			
□Manager	Name:	□Manager	Name:	57.1 27.1
□Member	Address:	□Member	Address:	
□Authorized		□Authorized		J
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, 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.

Elsie Webster

Elsie Webster

ing the Wills. Time widely place beat p



Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "913 WESTPARK DRIVE, 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 ELEVENTH DAY OF DECEMBER, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "913 WESTPARK DRIVE, LLC" WAS FORMED ON THE THIRD DAY OF APRIL, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN DELAW?

PAID TO DATE.

STAND

AND UTLAFA

525,000



7357699 8300

SR# 20208625050

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

Jarliny W. Ballack, Socretary of State

Authentication: 204297516

Date: 12-11-20