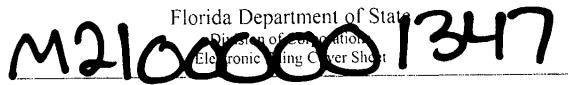
Division of Corporations



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Division of Corporations

Fax Number : (\$50)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845

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21 FEB - 2 PM 3: 3

Foreign Limited Liability Company Thetis Station Leasing LLC

Certificate of Status	0
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Page Count	04
Estimated Charge	\$125.00

ANO

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Corporate Filing Menu

Help

From: Ranae McGre

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

IN COMPITANCE WITH SECTION 605,0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Thetis Station Leasing L (Name of Fereign l	Limited Clability Company, unist include "Limited	Liability Company," "L.L.C.," or "LLC")	
(I) name unavailable, enter alturnate n	ame adopted for the purpose of fransacting business or Flo	onda. The alternate manie must include "Limited La-	dulity Company, 11.1. C, 100 11 C, 1)
2 Delaware		3. 85-0667115	
(Jurisdiction under the law of wh	high foreign limited liability company is organized)	(FE) number	er, st applicable.
4. Upon Qualification			_
	(Date first transacted hasiness in Florida, if provide i See sections 605-6964 & 605-0905, F.S. to determine	e penalty liability;	
5. 817 Main Street		6. Same	·
(Street Address of Principal Office)		(Muling Address)	
Brownsville, WI 53006			
			Α.
			702
7. Name and street addres	is of Florida registered agent (P.O. Box	NOT acceptable)	FEB
			2 F23
Name:	C T Corporation System		
Office Address:	1200 South Pine Island Road		## 10: 5 0
	Plantation	, Florida <u>33324</u> (Apode)	_
	(City)	(Apode)	
designated in this applicate to comply with the provise	ctance: rgistered agent and to accept service of parties, I hereby accept the appointment a ions of all statutes relative to the proper s of my position as registered agent. C.T. Corporation System	s registered agent and agree to act i	in this capacity. I juriner agree

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 (5) total]:

Title or Capacity:	Name and Address:	Title or Capacity;	Name and Address:
<u>⊗</u> Manager	Name. Michels Corporation	Manager	Name:
□Member	Address: 817 Main Street	□ Member	Address:
☐ Authorized	Brownsville, WI 53006	□Authorized	
Person		Person	
□Other	Other	□Other	
□Manager	Name:	∏Manager	Name:
⊡Member	Address:	□Member	Address:
☐ Authorized		☐ Authorized	
Person		Person	
_Other	Other	□Other	Other
□Manager	Name:	I Manager	Name:
□ Member	Address:	_Member	Address:
□Authorized		T Authorized	
Person		Person	
□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 \$.817,155, F.S.

25 25 1
 Signature of an authorized person
Eric DeGroot, Authorized Person
 Typed or printed name of signer



Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "THETIS STATION LEASING 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 SECOND DAY OF FEBRUARY, A.D. 2021.

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

Authentication: 202421040

Date: 02-02-21