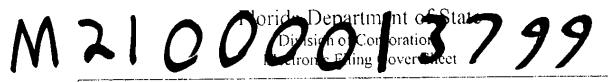
Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H210003889733)))



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To:

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

Page: 2 of 5

Fiom:

Account Name : C T CORPORATION SYSTEM Account Number : FCA000000023 : (614)280-3338 Phone Fax Number : (954)208-0945

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.*

Email Address:

Foreign Limited Liability Company WGC 7290 Property, LLC

	والتناف والمناف التنازي في التنازية والتناف والتنازية والتنازية والتنازية والتنازية والتنازية والتنازية
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To: +18506176383

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

IN COMPLIANCE WITH SECTION #05.002 FLORIDA STATUTES THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN HMITED HABILITY COMPANYTOTRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. WGC 7290 Property, LLC
(Name of Toreign United Liability Company, units include "Limited Liability Company," "L.E.C.," or "FLC.")

(Jurisdiction under the law of which foreign limited hability company is organized)		_ 3	(ELL number, if applicable)	
	(Date first transacted business in Honda, if prior to (See sections 645 6401 & 605 0605, F.S. to determ	registration.	ability)	20
1 East Pomam Ave, 3rd			East Putnam Ave, 3rd Floor	2021 OCT 1
Greenwich, CT 06830			Greenwich, CT 06830	AS
		-		7 9 9
Name and street addres	s of Florida registered agent: (P.O. Bo)	c <u>NOT</u> a	cceptable)	· m 0
Name:	C T Corporation System			
Office Address:	1200 South Pine Island Road	_		
	Plantation		33324 Florida (Zip code)	
	(C(tv)		(Zip code)	

Bv:	CT Corporation System	Dingra Indon
<u>Dy.</u>	(Registered agent's signature)	

Page: 4 of 5

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:
□Manager	Name:	□ Manager	Name:
■Member	Address: Lest Putnam Ave, 3rd Floor	■ Member	Address: 1 East Putnam Ave, 3rd Floor
□Authorized	Greenwich, CT 06830	☐ Authorized	Greenwich, CT 06830
Person		Person	
□Other	Other	_ Other	□Other
□Manager	Name:	∐Manager	Name:
□Member	Address:	☐ Member	Address:
□Authorized		☐ Authorized	
Person		Person	
□Other			
□Manager	Name:	Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		\square Authorized	
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.

24		
	Signature of an authorized person	
ERIC FREEMAN, Member		
	Exped or printed name of signed	



Page 1

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

DELAWARE, DO HEREBY CERTIFY "WGC 7290 PROPERTY, 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 EIGHTEENTH DAY OF OCTOBER, A.D. 2021.

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

Authentication: 204440664

Date: 10-18-21