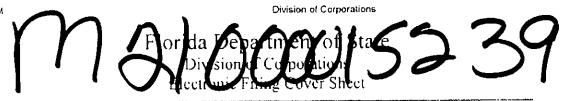
11/12/21, 5:30 PM



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.

(((H21000420048 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

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

**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 Tapestry Westland Village POE LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing Menu

Help



From: Kimberly Laughrey

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

2021-11-12 16:34:02 CST

IN COMPLENCE WITH SECTION 605,0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREGIN LIMITED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDAY Tapestry Westland Village POE LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") (If name unavailable, outer alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C." or "LLC.") (Jurisdiction under the law of which foreign haided hability company is organized) (Date tarst transacted business in Florida, it prior to registration). (See sections 603-0904-36 603-0905, F.S. to determine penalty liability). 4890 W. Kennedy Blvd . Suite 240 4890 W. Kennedy Blvd., Suite 240 (Mailing Address) (Sirect Address of Principal Office) Tampa, FL 33609 Tampa, FL 33609 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) C T Corporation System Name 1200 South Pine Island Road Office Address:

Registered agent's acceptance:

Plantation

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.

C T Corpo	ration Syst	em	
/s/ Kathryn A.	Widdoes.	Assistant	Secretary

From: Kimberly Laughrey

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]:

2021-11-12 16:34.02 CST

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:			
Manager Name:	JLCO Core Plus US WB LLC	Manager	Name:			
⊠Member Address	·	Member	Address:			
Authorized	1331 South Killian Drive, Suite A	Authorized				
Person	Lake Park, Florida, 33403	Person				
Other	Other	Other	Other			
Manager	Name:	Manager	Name:			
Member	Address:	Member	Address:			
Authorized		Authorized				
Person		Person				
Other	Other	Other	Other			
Manager	Name:	Manager	Name:			
Member	Address:	Member	Address:			
Authorized		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 Stafe constitutes a third degree felony as provided for in s.817.155, F.S.						
Signature of an authorized person						
JLCO Core Plus US WB/LLC by Joseph G. Lubeck, Authorized Person Typed or printed name of Signer						
Cilier of familia rense in affine						

Delaware The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "TAPESTRY WESTLAND VILLAGE POE 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 THIRD DAY OF NOVEMBER, A.D. 2021.

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

Authentication: 204590550

Date: 11-03-21