

11/15/21, 3:31 PM

Division of Corporations

Florida Department of State
Division of Corporations
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To: Division of Corporations Please provide November 15, 2021
 Fax Number : (850)617-6383 original submission date. See
 attached Consent to Use Name.

From: Account Name : FOLEY & LARDNER
 Account Number : I19980000047
 Phone : (407)423-7656
 Fax Number : (407)648-1743

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

Email Address: arecchio@foley.com

2021 NOV 18 PM 3:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

**Foreign Limited Liability Company
WSR Old Naples 4 LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

2021 NOV 18 PM 1:42
TALLAHASSEE, FLORIDA

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 WSR Old Naples 4 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) 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)

5 3066 Tamiami Trail N (Street Address of Principal Office) Suite 201 Naples, Florida 34103

6 3066 Tamiami Trail N (Mailing Address) Suite 201 Naples, Florida 34103

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

Name: Karen E. Welks Office Address: 3066 Tamiami Trail N, Suite 201 Naples, Florida 34103 (City) (Zip code)

FILED 2021 NOV 18 PM 3:14 SECRETARY OF STATE TALLAHASSEE, FLORIDA

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.

Docx Signed by: Karen E. Welks (Registered agent's signature)

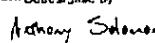
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: <u>WS-RVN, LLC</u>	<input checked="" type="checkbox"/> Manager	Name: <u>Ronto Old Naples LLC</u>
<input type="checkbox"/> Member	Address <u>660 Steamboat Rd, 3rd Floor</u>	<input type="checkbox"/> Member	Address <u>3066 Tamiami Trail N</u>
<input type="checkbox"/> Authorized Person	<u>Greenwich, CT 06830</u>	<input type="checkbox"/> Authorized Person	<u>Suite 201</u> <u>Naples, FL 34103</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input checked="" type="checkbox"/> Manager	Name: <u>Steven P. Zimmer</u>	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address <u>1209 Orange Street</u>	<input type="checkbox"/> Member	Address _____
<input type="checkbox"/> Authorized Person	<u>Wilmington, DE 19801</u>	<input type="checkbox"/> Authorized Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name _____
<input type="checkbox"/> Member	Address _____	<input type="checkbox"/> Member	Address _____
<input type="checkbox"/> Authorized Person	_____	<input type="checkbox"/> Authorized Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> 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.

DocuSign by

 202128507FF3-33 _____
 Signature of an authorized person

Anthony Solomon

 Typed or printed name of signer

WSR OLD NAPLES 4 LLC
3066 Tamiami Trail N, Suite 201
Naples, Florida 34103

November 15, 2021

Department of State
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Re: Written Consent to Use of Name

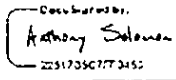
Dear Sir or Madam:

On May 5, 2021, WSR Old Naples 4 LLC, a Florida limited liability company (the "Converting Entity"), became WSR Old Naples 4 LLC, a Delaware limited liability company (the "Converted Entity"), by filing Articles of Conversion with the Department of State. The Converted Entity desires to file an Application for Authorization to Transact Business in Florida (the "Foreign Qualification Application"), under the name WSR Old Naples 4 LLC.

This letter serves as the written consent of the Converting Entity to the registration of the name WSR Old Naples 4 LLC by the Converted Entity and shall be filed with the Department of State at the time of filing of the Foreign Qualification Application by the Converted Entity.

Respectfully yours,

WSR OLD NAPLES 4 LLC

By: 
Anthony Solomon
Authorized Person

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "WSR OLD NAPLES 4 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 FIFTEENTH DAY OF NOVEMBER, A.D. 2021.

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



Jeffrey W. Bullock

 Jeffrey W. Bullock, Secretary of State

5890945 8300

SR# 20213790330

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

Authentication: 204682152

Date: 11-15-21