

MA1000017648

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

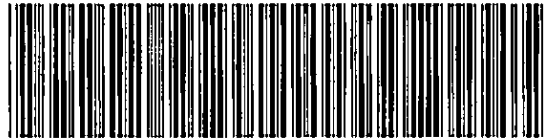
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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21 DEC 20 PM 4:09
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T. LEMUX
DEC 28 2021

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: WHOcala, LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

James Allan

Name of Person

BG Ocala Ranch

Firm/Company

11800 S Hwy 475

Address

Ocala, FL 34480

City/State and Zip Code

pmarlow@bgsignature.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Patricia Marlow

Name of Contact Person

at (914)

Area Code

388-1724

Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

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

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☒ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

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. White Horse Properties, Ltd
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

WHOCala, 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. Commonwealth of The Bahamas 3. _____
(Jurisdiction under the law of which foreign limited liability company is organized) (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. Cube 1a, Albany 6. PO Box N 7775
(Street Address of Principal Office) (Mailing Address)

127 South Ocean Rd Nassau, New Providence

New Providence, The Bahamas

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

Name: Patricia Marlow

Office Address: 11800 S Hwy 475

Ocala, Florida 34480
(City) (Zip code)

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.

Patricia Marlow
(Registered agent's signature)

FILED
21 DEC 20 PM 4:09
CLERK OF DISTRICT COURT
NASSAU, NEW PROVIDENCE

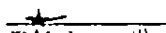
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: <u>James Allan</u>	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: <u>PO Box N 7775</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	<u>Nassau, New Providence</u>	<input type="checkbox"/> Authorized	_____
Person	<u>The Bahamas</u>	Person	_____
<input checked="" type="checkbox"/> Other <u>Director</u>	<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	_____	<input type="checkbox"/> Authorized	_____
Person	_____	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	_____	<input type="checkbox"/> Authorized	_____
Person	_____	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)

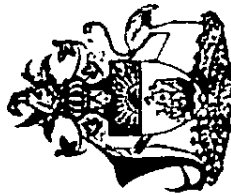
10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.



Signature of an authorized person

James Allan

Typed or printed name of signer



Commonwealth of The Bahamas

THE INTERNATIONAL BUSINESS COMPANIES ACT 2000

CH. 309 Statute Laws of The Commonwealth of The Bahamas

IBC 08

Certificate of Good Standing

(Section 189)

White Horse Properties, Ltd.

No. 204711 B

I, ELLICE SALLYANN LOCKHART-PRATT, Registrar General of the Commonwealth of The Bahamas,

DO HEREBY CERTIFY THAT

1. The above Company was duly active under the provisions of the International Business Companies Act 2000 Statute Laws of the Commonwealth of The Bahamas on the **20th day of January, 2020** as the Company No. **204711** of the Register of International Business Companies.
2. The name of the Company is still on the Register of International Business Companies and the Company has paid all fees, licence fees and penalties due and payable under the provisions of Sections 175 and 194 of the said Act.
3. The Company has not submitted Articles of Merger or Consolidation that have not yet been effective.
4. The Company has not submitted Articles of Arrangement that has not yet been effective.
5. The Company is not in the process of being wound up and dissolved.
6. No proceedings have been instituted to strike the name of the Company off the said Register.
7. Insofar is evidenced by the documents filed with this Office the Company is in good legal standing.


Authentication CodeovCWLQo738fe



Given under my hand and the seal of office
at Nassau in the Commonwealth of The
Bahamas this 15th day of December, 2021

Registrar General

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe St., Suite 810
Tallahassee, FL 32303

Robert A. Morrow Patricia M. Morrow 6649 Midway Dr Ocala, FL 34472		12/16/2021	352 6-75141
PAY TO THE ORDER OF		Florida Department of State	\$ 125.00
One hundred twenty-five and 00/100		DOLLARS	0
Wells Fargo Bank, N.A.			
FOR WHOLE, INC.		0352	
⑆063107513⑆ 8800395199⑈			