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.

(((H22000030061 3)))



H220000300613ABCO

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 : USACORP INC. Account Number : I20130000019 : (718)362-4789

: (718)408-2550 Fax Number

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

Email Address: david@wbpropertygroup.com

Foreign Limited Liability Company Chiquita Land LLC

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

Electronic Filing Menu

Corporate Filing Menu

Help

01/24/2022 10:21 17184082550 From:17184082550 To:18506176383

(((H220000300613)))

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:

If name unavuitable, enter alternate i	name adopted for the purpose of transacting business	ss in Florida. The alternate pair	se must inclu	de "Lamited Linbil:	ny Company," "L	,L.C." or ".	LLC.")
Delaware		3.					
(Jurisdiction under the law of w	hich tureign limited liability company is organized)		(FEI number, i	f applicable)		-
I	(Date first transacted business in Florida, if p	cor to registration :					
	(See sections 605 0904 & 605.0905; F.S. to)	determine penalty hability)					
495 BROADWAY, 71				Y, 7TH FLO			
Street Address of Principal Office)		(Mail	ing Address	<u></u>			
NEW YORK, NY 100	12	NEW Y	NEW YORK, NY 10012				
					-		
7. Name and street address	88 of Florida registered agent: (P.O.	Box NOT acceptabl	c)		ECRETA LLAHA	122 JAN 24	71
					SSEE		
Name:	Levi Vogel				SSEE, FI		
Name: Office Address:	Levi Vogel 9507 NW 38th Street				VRY OF STATE SSEE, FLORIDA		ILED
	9507 NW 38th Street		Florida	33065	NRY OF STATE SSEE, FLORIDA	24 PM 3: 03	ILED
			Florida _	33065 (Zup code)	RY OF STATE SSEE. FLORIDA		ILED
Office Address: Registered agent's acception that the second agent	9507 NW 38th Street Coral Springs (City)	e of process for the a ent as registered ager roper and complete p	bove stat it and ag	(Zip code) ed limited lia ree to act in i	ATE bility compa	PM 3: 03	e place her agra
Office Address: Registered agent's acceptaving been named as radesignated in this applicate comply with the provis	9507 NW 38th Street Coral Springs (Cay) Stance: egistered agent and to accept servication. I hereby accept the appointm ions of all statutes relative to the prices of my position as registered agen	e of process for the a ent as registered ager roper and complete p	bove stat it and ag	(Zip code) ed limited lia ree to act in i	ATE bility compa	PM 3: 03	e plac her ag

(((H220000300613)))

8.	For initial indexing purposes.	, list names, title	or capacity and	laddresses of i	the primary	members/managers	or persons a	uthorized to
ma	nage [up to six (6) total]:							

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
■Manager	Name: Robert Weinstein	Manager	Name: David Weinstein
□Member	Address: 495 Broadway, 7th FL	□Member	Address: 495 Broadway, 7th FL
□Authorized	New York, NY 10012	□Authorized	New York, NY 10012
Person		Person	
□Other	Other	□Other	Other
■ Manager	Name:	□Manager	Name: WB Opportunistic LLC
□Member	Address: 495 Broadway, 7th FL	≡ Member	Address: 495 Broadway, 7th FL
□Authorized	New York, NY 10012	□Authorized	New York, NY 10012
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 State constitutes a third degree felony as provided for in s.817.155, F.S.

/S/ David Weinstein		_
	Signature of an authorized person	
David Weinstein		
	Typed or printed name of signee	

Delaware

Delaware

The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "CHIQUITA LAND 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 TWENTY-FOURTH DAY OF JANUARY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CHIQUITA LAND LLC" WAS FORMED ON THE TWENTY-FIRST DAY OF JANUARY, A.D. 2022.

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

Authentication: 202463954

Date: 01-24-22

6561049 8300 SR# 20220217824

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