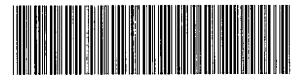
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Certificates of Status
o Filing Officer:

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MEDRETARY OF STATE

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APPROVED AND FILED

APR 0 7 2022 K. Brumbley ACCESS, \_\_\_\_

INC.

236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

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## 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:

elf name unavailable, enter alternate a	name adopted for the purpose of transacting business in Fl	orida. The altern	ate name must include "Limited Liabilit	ty Company," "L.L.C." or "	LLC.")
DELAWARE		3			
2. Jurisdiction under the law of which foreign limited liability company is organized)		J	(FEI number, it	applicable)	-
N/A					
4	(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determine	registration ) ine penalty liabil	ity)	<del></del>	
3921 Alton Rd. #106		392 6.	1 Alton Rd. #106		
(Street Address of Principal Office)	<del>-</del>	U	(Mailing Address)		_
Miami Beach, FL 3314	40	Mia	ami Beach, FL 33140		
					_
<u> </u>	<u> </u>		<u>-</u>	202	_
7. Name and street addre	ss of Florida registered agent: (P.O. Box	NOT acce	ptable)	2022 APR	,
				第2章	
Name:	Walnut Street Capital LLC				E 8
	3921 Alton Rd., #106		<del></del>	PA 4:	
Office Address:		<del> </del>	<del>_</del>	5,	
	Miami Beach		33140 Florida	- ω	
	(City)		(Zip code)		
Registered agent's accep	otance: egistered agent and to accept service of j	nuncass for	the above stated limited lia	hility company at th	he place
designated in this applica	ation. I hereby accept the appointment a	is registered	l agent and agree to act in t	this capacity. I furt	ther agree
to comply with the provis and accept the obligation	cions of all statutes relative to the proper is of my position as registered agent.	and comp	ete performance of my auti	es, ana 1 am jamu	ur with
•	/s/ Arthur Bar	tholomew			
	(Basis and approximately	tionaturel		<del>_</del>	

Title or Capacity:	Name and Address:	Title or Capacity	Title or Capacity:		
■Manager	Name: Walnut Street Capital LLC	□ Manager	Name:		
□Member	Address: 3921 Alton Rd. #106		Address: _		
□Authorized	Miami Beach, FL 33140	\Buthorized	<del></del> -		
Person		Person			
□Other	□Other	Other		Other	
□Manager	Name:	□Manager	Name:		
∐Member	Address:	□Member	Address: _		
□Authorized		Authorized			
Person		Person			
□Other	□Other	Other		□Other	
□Manager	Name:		Name:		
□Member	Address:		Address: _		
□Authorized	+	\ Authorized			
Person		Person			
Other	Other	□Other		□Other	
9. Attached is a cer jurisdiction under to the translator mu	is executed in accordance with section 60 innent to the Department of State constitut	our Florida Department of Stars old, duly authenticated by the trifficate is in a foreign language.	ite Annual Re ne official hav ge, a translatio es. I am aware	port form.  ing custody of records in to  on of the certificate under of  that any false information	

Typed or printed name of signee



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

DELAWARE, DO HEREBY CERTIFY "WSC REFI 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 SEVENTH DAY OF APRIL, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "WSC REFI LLC"

WAS FORMED ON THE THIRTY-FIRST DAY OF MARCH, A.D. 2022.

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



Authentication: 203124943

Date: 04-07-22