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INC.

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		PICK UP:	6/24 DANNY	
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. X	X FILING	FOE	REIGN LLC	
1.	TARPON BLUE SI (CORPORATE NAME AND	LVER KING DOCUMENT#)	I, LLC	
2.	(CORPORATE NAME AND	DOCUMENT #)		
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4.	(CORPORATE NAME AND	DOCUMENT #)		TILEDIC
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SPECI INSTR	AL RUCTIONS:			

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:

	name adopted for the purpose of transacting business in Florid	a. The alternate name must include "Limited Li	ability Company," "L.L.C," or "LLC	
Delaware		3		
(Jurisdiction under the law of v	hich foreign limited liability company is organized)	(FEI numb	er, if applicable)	
	(Date first transacted business in Florida, if prior to regi (See sections 605.0904 & 605.0905, F.S. to determine p	stration.) senalty liability)		
999 Vanderbilt Beach	Road #507	999 Vanderbilt Beach Road 6.	#507	
eet Address of Principal Office)		(Mailing Address)		
Naples, Florida 34108		Naples, Florida 34108		
Name and street addres Name:	ss of Florida registered agent: (P.O. Box N	<u>OT</u> acceptable)	FIL 2022 JUN 24	
i valit.				
Office Address:	329 Park Avenue North, Second Floor		112:	
	329 Park Avenue North, Second Floor Winter Park	 32789 , Florida	112:16	

(Registered agent's signature)

J. P. Carolan, III, Esq., as President of WHWW, Inc.

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]: Title or Capacity: Name and Address: Title or Capacity: Name and Address: Name: _ Tarpon Blue Silver King ■ Manager □Manager Name: _____ Management, LLC ☐ Member Address: Address: _____ □Member 999 Vanderbilt Beach Road #507 ☐ Authorized ☐ Authorized Naples, Florida 34108 Person Person Other_____ □Other___ Other Other____ □ Manager Name: _____ □Manager Name: _____ □Member Address: ☐ Member Address: ☐ Authorized ☐ Authorized Person Person □Other_____ □Other___ □Other Name: _____ □Manager ☐ Manager Name: _____ □Member Address: ____ ☐Member Address: ____ ☐ Authorized ☐ Authorized Person Person Other____ □Other____ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed 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. JP Canolan III Signature of an authorized person J. P. Carolan, III, Esq., Authorized Representative

Typed or printed name of signee



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

DELAWARE, DO HEREBY CERTIFY "TARPON BLUE SILVER KING I, 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-FIRST DAY OF JUNE, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "TARPON BLUE SILVER KING I, LLC" WAS FORMED ON THE SEVENTEENTH DAY OF JUNE, A.D. 2022.

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

a at corp delaware cov/aut

Authentication: 203729330

Date: 06-21-22