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From:

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Account Number: FCA000000023 Phone : (954)208-0845 Fax Number : (614)573-3996

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Foreign Limited Liability Company WESTWOOD BRICKELL, LLC

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S. ROBERTS

JUL 1 1 2022

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 HABILITY

1. Westwood Brickell, Ll	I.C Limited Liability Company; must include "Limited	T 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1	1.5 H # 177 P.		
(Name of Foreign I	amiled Liability Company; must include "Firmited	Liability Company,	untiti, or litt.)		
(II mame unavailable, enter alternate in	ance adopted for the purpose of transacting business in Fl	orals. The alternate name in	ust include "Limited Liability Cort	npany," "L.L.C," or "I	.LC.")
Delaware					
2. (Jurisdiction under the law of wh	ich foreign himited liability company is organized)	3	(FFI number, it applie	able)	
4					
	(Date first transacted business in Plotida, if prior to (See sections 605.0901 & 605.0905, P.S. to determi	egistration.) ne penalty liability)			
999 Waterside Drive, Suite 2300		999 Wate	erside Drive, Suite 2300		
5. (Street Address of Principal Office)		(Mailing	Address)		
Norfolk, Virginia 23510		Norfolk,	Virginia 23510		
				Ų.	dP
					11 J
7. Name and street address	s of Florida registered agent: (P.O. Box	NOT acceptable)			
Name:	C T Corporation System			\$60000 100000	PH 1
Office Address:	1200 South Pinc Island Road			<u>. </u>	: 30
	Plantation	C) -	33324		
	(Cuy)	, FIC	rida (Zip code)		
designated in this applicate to comply with the provisi	gistered agent and to accept service of pation, I hereby accept the appointment a ions of all statutes relative to the proper to of my position as registered agent.	registered agent of and complete perform	ind agree to act in this c	apucity. I furt) nd I am familio	her agree

(Registered agent's signature)

To:

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]:

2022-07-11 12:17:04 CST

Title or Capacity:	Name and Address:	Title or Capacit	<u>y:</u>	Name and Address:
□Manager	Name:T. Richard Litton, Jr.	□Manager	Name:	
□Member	Address:	□Member	Address:	
■Authorized	999 Waterside Drive, Suite 2300	□Authorized	~~! !~~!! / BB	
Person	Nortolk, Virginia 23510	Person		
□Other	☐Other	□ Other		Other
□Manager	Name:	□Manager	Name:	
□Member	Address:	□Member	Address:	
□Authorized		□Authorized		ava-sa
Person		Person		
Other	Other	□Other		□Other
□Manager	Name:	□Manager	Name:	
□Member	Address:	□Member	Address:	
□Authorized		Authorized		
Person		Person		
Other	Other	□Other	<u> </u>	□Other

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.

/V	
 Signature of an authorized person	•
T. Richard Litton, Jr.	
 Typed or printed pame of signer	



Page 1

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

DELAWARE, DO HEREBY CERTIFY "WESTWOOD BRICKELL, 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 THIRTIETH DAY OF JUNE, A.D. 2022.

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

Authentication: 203812665

Date: 06-30-22