Division of Corporations

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(((H22000250990 3)))



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Fax Number : (850)617-6383

From:

Account Name : ROETZEL & ANDRESS

Account Number : I20000000121

Phone : (239)649-6200 Fax Number : (239)261-3659

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

11	Andress.			
⊢maı ı	ADDITES.			

#### Foreign Limited Liability Company EWB PROPERTIES, LLC

Certificate of Status	0
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Page Count	04
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K. SALY

① 07-25-2032 11:26 AM ET Fax Services

### H220002509903

#### **COVER LETTER**

	Registration Section Division of Corporations						
STIR IF C	EWB PROPERTIES, LLC						
SUBJEC		Name of Limited Liability Company					
The enclo Existence	osed "Application by Foreign Limited Liability , and check are submitted to register the above	Company for Authorization to Transact Business in Florida," Certificate of referenced foreign limited liability company to transact business in Florida					
Please ret	turn all correspondence concerning this matter	to the following:					
	Ashley L. Suarez, Esq.						
		Name of Person					
	Roetzel & Andress, LPA						
	Firm/Company						
	2320 First Street, Suite 1000						
		Address					
	Fort Myers, Florida 33901						
		City/State and Zip Code					
	asuarez@ralaw.com						
	E-mail address: (to b	be used for future annual report notification)					
For further	er information concerning this matter, please c	all:					
	Ashley L. Suarez, Esq.	239 337-3850 at ( )					
•	Name of Contact Person	Area Code 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 DE  \$\Begin{array}{l} \$125.00 \text{ Filing Fee} \qquad \qquad \$130.00 \text{ Filing F} \qquad \qquad \qquad \qquad \qquad \qqqqq \qqqq \qqq \qqqq \qqq \qqqq \qqq \qqqq \qqq \qqqq \qqq \qqqq \qqq \qqqq \qqq \qqqq \qqq \qqqq \qqq \qqqq \qqq \qqqq \qqq \qqqq \qqq \qqqq \qqq \qqqq \qq	ee & 🗇 \$155.00 Filing Fee & 🗆 \$160.00 Filing Fee, Certificate					

H 220 00 2509903

# APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

(Name of Foreign	Limited Liability Company, must include "Limiter	Liability Company, "L.L.C.," or "LLC.")			
namo unavailable, enter alternate	name adopted for the purpose of transacting business in Flo	orice. The alternate name must include "Limited Liability Compa	ny." "LTLC," or "LLC.")		
VIRGINIA		82-0631169			
(Furisdiction under the law of w	chich foreign limited liability company is organized)	3. (FEI number, (Capplicable)			
07/29/2021					
	(Date first transacted pusiness in F onds, if prior to (See sections 605.0904 & 605.0905, F.S. to determi	egistration.) re penalty liability)			
7327 Rogues Road		7327 Rogues Road			
reet Address of Principal Office)		6. (Wailing Address)			
Nokesville, Virginia 2	0181	Nokesvilie, Virginia 20181			
	· · · · · · · · · · · · · · · · · · ·				
			202		
Name and street addre	es of Florida registered agent: (P.O. Box	NOT acceptable)	JUL		
Name and street addre	ss of Florida registered agent: (P.O. Box	NOT acceptable)	JUL 25		
Name and street addre		NOT acceptable)	JUL 25 Ph		
Name and street addre	ss of Florida registered agent: (P.O. Box  CT CORPORATION SYSTEM	NOT acceptable)	JUL 25 PM W		
Name:		NOT acceptable)	2022 JUL 25 PM 4: 11		
	CT CORPORATION SYSTEM	NOT acceptable)	JUL 25 PM 4: 11		
Name:	CT CORPORATION SYSTEM	33324	JUL 25 PM 4: 11		
Name:	CT CORPORATION SYSTEM 1200 South Pine Island Road		JUL 25 PM 4: 11		
Name: Office Address:	CT CORPORATION SYSTEM  1200 South Pine Island Road  Plantation  (City)	33324 , Florida	JUL 25 PM 4: 11  CALLARASSET. TLORIDE		
Name: Office Address:	CT CORPORATION SYSTEM  1200 South Pine Island Road  Plantation  (Chy)	33324, Florida(Zip code)	ompany at the place		
Name: Office Address: eglstered agent's acceptable as re-	CT CORPORATION SYSTEM  1200 South Pine Island Road  Plantation  (Chy)  Otance:  egistered agent and to accept service of paring. I hereby accept the appaintment a	33324, Florida (Zip code)  process for the above stated limited liability of a registered agent and agree to act in this ca	ompany at the place nacity. I further agre		
Name: Office Address: legistered agent's acception to the second agent and as resignated in this application comply with the provis	CT CORPORATION SYSTEM  1200 South Pine Island Road  Plantation  (Chy)  Otance:  egistered agent and to accept service of paring. I hereby accept the appaintment a	33324, Florida(Zip code)	ompany at the place nacity. I further agre		
Name: Office Address: legistered agent's acception to the second agent and as resignated in this application comply with the provis	CT CORPORATION SYSTEM  1200 South Pine Island Road  Plantation  (City)  otance: egistered agent and to accept service of pation, I hereby accept the appointment actions of all statutes relative to the proper	33324, Florida (Zip code)  process for the above stated limited liability of a registered agent and agree to act in this ca	ompany at the place nacity. I further agre		

## H220002509903

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	<u>:</u>	Name and Address:
□Manager	Michael L. Brown, Jr.	□Manager	Name:	
<b>■</b> Member	Address:	□Member	Address:	
□Authorized	Nokesville, Virginia 20181	□Authorized		
Person		Person		
□Other	Other	□Other		□Other
				是是加
□Manager	Name:	□Manager	Name:	25 K
□Member	Address:	□Member	Address:	<b>\</b>
□Authorized		□ Authorized		7
Person		Person		9 1
□Other	□Other	Other		Other
□Manager	Name:	□Manager	Name:	
□Member	Address:	□Member	Address:	
□Authorized		□Authorized		
Person		Person		
□Other	Other	□Other	<del></del>	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.

277/47		
	Signature of an authorized person	<u> </u>
Michael L. Brown, Jr.		
	Transfer animal name of signer	

# Commonwealth of Hirginia



Fax Services

# State Corporation Commission FILEU III

#### CERTIFICATE OF FACT

1 Certify the Following from the Records of the Commission:

That EWB Properties, LLC is duly organized as a Limited Liability Company under the law of the Commonwealth of Virginia;

That the Limited Liability Company was formed on December 8, 2016; and

That the Limited Liability Company is in existence in the Commonwealth of Virginia as of the date set forth below.

Nothing more is hereby certified.

Signed and Sealed at Richmond on this Date:

July 20, 2022

Bernard J. Logan, Clerk of the Commission