M22000012441

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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S. FRANKLIN

AUG - 9 2022

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: WAI-Ceresca LLC
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Dinisha Gaskin
Name of Person

WAI-Ceresca LLC
Firm/Company

17139 SE Limerick Ct.
Address

Jupiter FL 33469
City/State and Zip Code

dgaskin@wai-llc.com
E-mail address: (to be used for future annual report notification)

2024 JUN -9 PM 1:23

For further information concerning this matter, please call:

Dinisha Gaskin at 312 967 2730
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 DEPARTMENT OF STATE
☐ $125.00 Filing Fee ☐ $130.00 Filing Fee & Certificate of Status ☐ $155.00 Filing Fee & Certified Copy ☐ $.60.00 Filing Fee, Certificate of Status & Certified Copy

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:

WAI Ceresean LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

Delaware

(State under the laws of which Foreign entity is organized)

36-4748867

(FEI number, if applicable)

17139 SE Limerick Ct.

(Street address of Principal Office)

Jupiter, FL 33469

17139 SE Limerick Ct

(Mailing Address)

Jupiter, FL 33469

Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: C T Corporation System

Office Address: 1200 South Pine Island Rd.

Plantation, Florida 33324

Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

/s/ Sandra Zwijack Sandra Zwijack, Asst. Secretary

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3. 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:
☐ Manager	Name: Robert Walters	☐ Manager	Name:
☒ Member	Address: 17139 SE	☐ Member	Address:
☐ Authorized Person	Limerick Ct. Jupiter, FL 33469	☐ Authorized Person	
☐ Other		☐ Other	☐ Other
☐ Manager	Name:	☐ Manager	Name:
☐ Member	Address:	☐ Member	Address:
☐ Authorized Person		☐ Authorized Person	
☐ Other		☐ Other	☐ Other
☐ Manager	Name:	☐ Manager	Name:
☐ Member	Address:	☐ Member	Address:
☐ Authorized Person		☐ Authorized Person	
☐ Other		☐ Other	☐ Other

2024 FEB -9 PM 1:13

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.

* 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.

** To the best of my knowledge, information and belief, the statements made in this report are true. I am aware that any false information submitted in a document to be filed pursuant to this chapter constitutes a third degree felony as provided for in s. 817.155, F.S.

Robert Walters

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "WAI - CERESCAN 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 SECOND DAY OF MAY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "WAI - CERESCAN LLC" WAS FORMED ON THE EIGHTH DAY OF NOVEMBER, A.D. 2012.

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

2022 MAY -9 PM 7:23

Jeffrey W. Bullock, Secretary of State

5239332 8300

SR# 20221705640

Authentication: 203319150

Date: 05-02-22

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