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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

(Business Entity Name)

(Document Number)

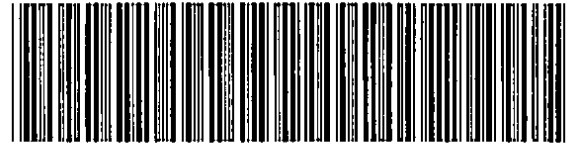
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2024 AUG - 9 PM 7:23

S. FRANKLIN

AUG - 9 2022

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: WAI-Cerescan 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-Cerescan 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 notifications)

For further information concerning this matter, please call:

Dinisha Gaskin
Name of Contact Person

312
Area Code

967-2730
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 310
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: FLORIDA DEPARTMENT OF STATE

☐ \$125.00 Filing Fee

☐ \$120.00 Filing Fee &

Certificate of Status

☐ \$155.00 Filing Fee &

Certified Copy

☐ \$160.00 Filing Fee, Certificate
of Status & Certified Copy

2024 JUN -9 PM 7:23

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

IN COMPLIANCE WITH SECTION 888.01, FLORIDA STATUTES THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA

WAT Cerescan LLC

(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "LLC," or "LLC")

(If made in accordance with applicable laws, adapt for the purpose of transacting business in Florida. The document must also contain "Foreign Limited Liability Company," "LLC," or "LLC")

Delaware

36-4748867

(Jurisdiction under the laws of which foreign entity was organized or incorporated)

(Tax number, if applicable)

(If not, the jurisdiction of formation is Florida, as prior to registration,
See Section 888.01(2)(b) of the Florida Statutes, which requires the jurisdiction of formation to be Florida.)

17139 SE Limerick Ct.

17139 SE Limerick Ct.

(Street address of Principal Office)

(Street address)

Jupiter, FL 33469

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

(Zip code)

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

2024-03-09 PM 7:23

3. For initial indexing purposes, list names, titles, capacity and addresses of the primary members/managers or persons authorized to manage (up to six (6) total):

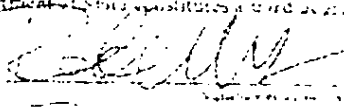
<u>Title or Capacity:</u>		<u>Name and Address:</u>		<u>Title or Capacity:</u>		<u>Name and Address:</u>	
☐ Manager	Name	<u>Robert Walters</u>		☐ Manager	Name		
☒ Member	Address	<u>17139 SE</u>		☐ Member	Address		
☐ Authorized		<u>Limerick Ct.</u>		☐ Authorized			
Person		<u>Jupiter, FL 33469</u>		Person			
☐ Other				☐ Other			
☐ Manager	Name			☐ Manager	Name		
☐ Member	Address			☐ Member	Address		
☐ Authorized				☐ Authorized			
Person				Person			
☐ Other				☐ Other			
☐ Manager	Name			☐ Manager	Name		
☐ Member	Address			☐ Member	Address		
☐ Authorized				☐ Authorized			
Person				Person			
☐ Other				☐ Other			

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Important Notice: Use an attachment to report more than six (6). The attachment will be indexed for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

4. 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 or the translator must be submitted.

5. This document is executed in accordance with section 607.01(1), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a crime as set forth as provided for in s. 817.15, F.S.


 Robert Walters
 Secretary of the Board

Delaware

The First State

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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.

2024/05/02 9 PM 7:23



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


Jeffrey W. Bullock, Secretary of State

Authentication: 203319150

Date: 05-02-22