# M22000012840

| (Requestor's Name)                      |
|---|
|   |
| (Address)                               |
| (Address)                               |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
|   |
| (Document Number)                       |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
| Special Instructions to Filing Officer: |





200391748162

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE: 863265

AUTHORIZATION :

COST LIMIT : \$ 430-00

ORDER DATE : August 4, 2022

ORDER TIME : 8:58 AM

ORDER NO. : 863265-005

CUSTOMER NO: 7977112

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### FOREIGN FILINGS

NAME: PSALM 89:11 HOLDINGS, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker -- EXT#

EXAMINER: \_\_\_

### **COVER LETTER**

|           | Registration Section<br>Division of Corporations   |  |  |  |  |  |  |
|-----------|--|--|--|--|--|--|--|
| SIID IE   | PSALM 89:11 HOLDINGS, LLC  | PSALM 89:11 HOLDINGS, LLC  |  |  |  |  |  |
| SUBJEC    | Name   | Name of Limited Liability Company  |  |  |  |  |  |
|           |  | Company for Authorization to Transact Business in Florida," Certificate of referenced foreign limited liability company to transact business in Florida. |  |  |  |  |  |
| Please re | turn all correspondence concerning this matter to  | o the following:   |  |  |  |  |  |
|           | Samuel F. Colburn  |  |  |  |  |  |  |
|           | · · · · · · · · · · · · · · · · · · ·  | Name of Person   |  |  |  |  |  |
|           | Woods, Weidenmiller, Michetti & Ruc  | dnick LLP  |  |  |  |  |  |
|           |  | Firm/Company   |  |  |  |  |  |
|           | 9045 Strada Stell Court, Suite 400   |  |  |  |  |  |  |
|           |  | Address  |  |  |  |  |  |
|           | Naples, FL 34109   |  |  |  |  |  |  |
|           | C  | City/State and Zip Code  |  |  |  |  |  |
|           | scolbum@lawfirmnaples.com  |  |  |  |  |  |  |
|           | E-mail address: (to be   | e used for future annual report notification)  |  |  |  |  |  |
| For furth | er information concerning this matter, please cal  | H:   |  |  |  |  |  |
|           | Samuel F. Colburn  | 239 325-4070<br>at ()  |  |  |  |  |  |
|           | Name of Contact Person   | at () 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           |  |  |  |  |  |
|           |  |  |  |  |  |  |  |



August 12, 2022

CSC 251 Little Falls Drive Wilmington, Delaware 19808

RE: Psalm 89:11 Holdings, LLC, a Delaware limited liability company

Authorization to Transact Business in the State of Florida

#### To Whom It May Concern:

The undersigned law firm represents Psalm 89:11 Holdings, LLC, a Delaware limited liability company ("Delaware Entity"), as well as Psalm 89:11 Holdings, LLC, a dissolved Florida limited liability company ("Florida Entity") (collectively, the "Entities"). I am the attorney which filed the Articles of Incorporation for the Entities, through CSC. The sole purpose of establishing the Entities was to be a sole-purpose entity which will hold title to real property in Collier County, Florida. The Delaware Entity was formed on July 29, 2022 and remains in good standing in the state of its formation hereon. On August 10, 2022, the Florida Entity was dissolved (see Document No. L22000190697). Accordingly, you are allowed to process the Qualification and submit the enclosed Application by Foreign Limited Liability Company for Authorization To Transact Business In Florida for filing.

Thank you for your prompt attention to this matter. Please let me know if you have any questions.

Very Truly Yours,

/s/ Samuel F. Colburn

Samuel F. Colburn, Esq.

## 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:

| Delaware    |   | Limited Liability Company; must include "Limited  |                 |  |  |  |  |
|--|---|---|-----------------|--|--|--|--|
| (Date first transacted business in Florida, if prior to registration.)  (C/O WOODS, WEIDENMILLER, MICHETTI & RUDNICK LLP treet address of Principal Office)  9045 STRADA STELL COURT, 4TH FLOOR  NAPLES, FL 34109  | f name unavailable, enter alternate r                 | ame adopted for the purpose of transacting business in Flo  | orida. The alte | mate name must include "Limited Liability Company," "L.L.C," or "LLC." |  |  |  |
| (PEI number, if applicable)  (Date first manuscricd businests in Florida, if prior to registration.) (See sections 603,6904 & 603,6904 & 603,0905, F.S. to determine penalty lubility)  (C/O WOODS, WEIDENMILLER, MICHETTI  & RUDNICK LLP  (Multing Address)  9045 STRADA STELL COURT, 4TH FLOOR  NAPLES, FL 34109  WWMR STATUTORY AGENT LLC  Name:  9045 STRADA STELL COURT, 4TH FLOOR  Office Address:  Naples  (City)  Naples  (City)  Registered agent's acceptance:  [Aving been named as registered agent and to accept service of process for the above stated limited liability company esignated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. It is comply with the provisions of all statutes relative to the proper and complete performance of my addies, and I am fet  |   |   | 2               |  |  |  |  |
| C/O WOODS, WEIDENMILLER, MICHETTI  & RUDNICK LLP  9045 STRADA STELL COURT, 4TH FLOOR  9045 STRADA STELL COURT, 4TH FLOOR  NAPLES, FL 34109   | (Jurisdiction under the law of w                      | hich foreign limited liability company is organized)  | s. <u> </u>     | (FEI number, if applicable)  |  |  |  |
| C/O WOODS, WEIDENMILLER, MICHETTI  & RUDNICK LLP  9045 STRADA STELL COURT, 4TH FLOOR  NAPLES, FL 34109   | ·   | (Date first transacted business in Florida, if prior to r   | egistration.)   |  |  |  |  |
| ## RUDNICK LLP    Control of Principal Office)   Control of Principal Office)  |   |   |                 |  |  |  |  |
| 9045 STRADA STELL COURT, 4TH FLOOR  9045 STRADA STELL COURT, 4TH FLOOR  NAPLES, FL 34109  Office Address:  9045 STRADA STELL COURT, 4TH FLOOR  Office Address:  Naples  Naples  Naples  Naples  Naples  Naples  Office Address:  Naples  Naples  Naples  Office Address:  Naples  Naples  Naples  Naples  Naples  Naples  Office Address:  Naples  Naples  Naples  Naples  Naples  Naples  Office Address:  Naples  Naples  Naples  Naples  Naples  Office Address:  Naples  Naples  Naples  Naples  Office Address:  Naples  Naples  Naples  Office Address:  Naples  Naples  Office Address:  Naples  Naples  Office Address  Naples  Naples  Office Address:  Naples  Office Address  Naples  Naples  Office Address  Office Address  Office Address  Naples  Office Address  Office Address  Naples  Office Address  Office Address  Office Address  Naples  Office Address  Office Address  Office Address  Naples  Office Address  Naples  Office Address  Off |   | ENMILLER, MICHETTI  |                 |  |  |  |  |
| NAPLES, FL 34109  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  WWMR STATUTORY AGENT LLC  Name:  9045 STRADA STELL COURT, 4TH FLOOR  Office Address:  Naples  Naples  Naples  Naples  (City)  (City)  Registered agent's acceptance: aving been named as registered agent and to accept service of process for the above stated limited liability company stignated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. It comply with the provisions of all statutes relative to the proper and complete performance of my daties, and I am for   | reet Address of Principal Office)                     |   | 6. <u>«</u>     | (Mailing Address)  |  |  |  |
| Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  WWMR STATUTORY AGENT LLC  Name:  9045 STRADA STELL COURT, 4TH FLOOR  Office Address:  Naples  Naples  (City)  (City)  Registered agent's acceptance:  aving been named as registered agent and to accept service of process for the above stated limited liability company assignated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. It is comply with the provisions of all statutes relative to the proper and complete performance of my daties, and I am for  | 9045 STRADA STELI                                     | COURT, 4TH FLOOR  | 90              | 045 STRADA STELL COURT, 4TH FLOOR                                      |  |  |  |
| WWMR STATUTORY AGENT LLC  Name:  9045 STRADA STELL COURT, 4TH FLOOR  Office Address:  Naples  Naples  (City)  (City)  Registered agent's acceptance:  aving been named as registered agent and to accept service of process for the above stated limited liability company estignated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. It is comply with the provisions of all statutes relative to the proper and complete performance of my daties, and I am for  | NAPLES, FL 34109                                      |   |                 | NAPLES, FL 34109   |  |  |  |
| Office Address:  Naples  Naples  (City)  (City)  Registered agent's acceptance:  Varing been named as registered agent and to accept service of process for the above stated limited liability company esignated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. It is comply with the provisions of all statutes relative to the proper and complete performance of my daties, and I am face  | Name:   | WWMR STATUTORY AGENT LLC  |                 |  |  |  |  |
| egistered agent's acceptance:  aving been named as registered agent and to accept service of process for the above stated limited liability company esignated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. It comply with the provisions of all statutes relative to the proper and complete performance of my daties, and I am for   | Office Address:                                       | 9045 STRADA STELL COURT, 4TH  | FLOOR           | <del></del>  |  |  |  |
| legistered agent's acceptance:<br>Iaving been named as registered agent and to accept service of process for the above stated limited liability company<br>esignated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. It<br>is comply with the provisions of all statutes relative to the proper and complete performance of my daties, and I am fo   |   |   |                 |  |  |  |  |
| aving been named as registered agent and to accept service of process for the above stated limited liability company<br>esignated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. It<br>is comply with the provisions of all statutes relative to the proper and complete performance of my daties, and I am fo  |   |   |                 | (Zip code)   |  |  |  |
|  | laving been named as re<br>lesignated in this applica | gistered agent and to accept service of p<br>tion, I hereby accept the appointment as<br>ons of all statutes relative to the proper | registere       | ed agent and agree to act in this capacity. I further a                |  |  |  |
| (Registered agent's signature)   | o comply with the provisi                             | s of my position as registered agent.   |                 |  |  |  |  |

| Title or Capacity:  | Name and Address:  | Title or Capacit  | Name and Address:  |   |
|---|--|---|--|---|
| ■Manager  | Name: Peter G. Pohlmann, Jr.   | □Manager  | Name:  | Name:   |
| ■Member   | Address:Address:   | □Member   | Address: _   |   |
| □Authorized   | Naples, Florida 34119  | □Authorized   |  |   |
| Person  |  | Person  |  |   |
| □Other  | Other  | Other   |  | □Other  |
| □Manager  | Name:  | □Manager  | Name:  |   |
| □Member   | Address:   | □Member   | Address: _   |   |
| □Authorized   |  | □Authorized   |  | <u> </u>  |
| Person  |  | Person  |  |   |
| Other   | Other  | □Other  |  | Other   |
| □Manager  | Name:  | □Manager  | Name:  |   |
| □Member   | Address:   | □Member   | Address: _   |   |
| □Authorized   |  | □Authorized   |  |   |
| Person  |  | Person  |  |   |
| □Other  | Other  | Other   |  | Other   |
| 9. Attached is a cert<br>jurisdiction under the<br>of the translator mu | Use an attachment to report more than six (6) may be added to the index when filing your difficate of existence, no more than 90 days of the law of which it is organized. (If the certificate submitted) is executed in accordance with section 605.0 ment to the Department of State constitutes a large Constitute of Signature of Sign | Florida Department of Stad, duly authenticated by to cate is in a foreign languated at the cate in the cate is in a foreign language. | ate Annual Re<br>the official hav<br>uge, a translation<br>tes. I am aware | port form.  ing custody of records in the on of the certificate under oath that any false information |

Typed or printed name of signee

Peter G. Pohlmann, Jr.

Page 1

# Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "PSALM 89:11 HOLDINGS, 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 FOURTH DAY OF AUGUST, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PSALM 89:11 HOLDINGS, LLC" WAS FORMED ON THE TWENTY-NINTH DAY OF JULY, A.D. 2022.

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



Jeffrey W. Butlock, Secretary of State

Authentication: 204088660

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