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(Requestor's Name)
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(Business Entity Name)
((Document Number)
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S. ROBERTS

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

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	ACCOUNT NO.	:	1200000	00195	
	REFERENCE	:	650637	8340181	
	AUTHORIZATION	:	\sim	, .	
	COST LIMIT	Ì	\$\$U125.0	"man	
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ORDER DATE :	April 29, 2022				
ORDER TIME :	10:15 AM				
ORDER NO. :	650637-035				
CUSTOMER NO:	8340181				
	- - - -				

FOREIGN FILINGS

NAME: WHITESTONE INTERMEDIATE HOLDINGS, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY

 XX
 PLAIN STAMPED COPY

 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker -- EXT#

EXAMINER:

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

IN COMPLIANCE WITH SECTION (05:09)2, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREGN-LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

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

1. Whitestone Intermediate Holdings, LLC

f name unavailable, enter alternate r	ame adopted for the purpose of transacting business in Flo	onda The	e alternate na	me must includ	e "Limited Liabili	ty Company," "L	L C," or "LLC
Delaware			87-41	23166			
Uurisdiction under the law of which foreign limited liability company is organiz		3.		(FEI number, if applicable)			<u> </u>
					<u>+</u>		
	(Date first transacted business in Florida, if prior to r (See sections (05 0904 & 605 0905, F.S. to determin	egistratio ie penalty	on) y fambality)				
19-02 Whitestone Expressway		6.		02 Whitestone Expressway			
treet Address of Principal Office i		•••	(Ma	iling Address)			
Suite 201			Suite 2	01			21 AUG
Whitestone, NY 11357		Whitestone, NY 11357					
. Name and street addres	s of Florida registered agent: (P.O. Box	<u>NOT</u>	acceptab	le)			• -
Name;	Corporation Service Company		. <u> </u>				
Office Address:	1201 Hays Street						
	Tallahassee			32 Florida	2301		
(Cŋ.)					(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.

Corporation Service Company AstXR Bv (Registered agent's signature)

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:	Name and Address:
■Manager	Name:	□Manager	Name: Kris Brower
Member	Address:	□Member	Address:
□Authorized	Suite 201	Authorized	Suite 201
Person	Whitestone, NY 11357	Person	Whitestone, NY 11357
€Other	Conter	■Other	Other
□Manager	Name:	🗆 Manager	Name:
DMember	Address:		Address:
Authorized	Suite 201	Authorized	Suite 201
Person	Whitestone, NY 11357	Person	Whitestone, NY 11357
EVP	■Other	DOther	Other
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		Authorized	
Person		Person	
□Other	□Other	Other	Other

<u>Important Notice:</u> 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 tiling 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.

lynn Heatherton EF 8306E \$ \$4834E 1.

Signature of an authorized person

Lynn Heatherton

Typed or printed name of signee



Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "WHITESTONE INTERMEDIATE 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 "WHITESTONE INTERMEDIATE HOLDINGS, LLC" WAS FORMED ON THE TWENTY-SECOND DAY OF DECEMBER, A.D. 2021.

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





Authentication: 204085427 Date: 08-04-22

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