M220000/5094/

(F	(Requestor's Name)				
	(Address)				
(*	(Address)				
(Address)					
	Dity/State/Zip/Phone #)				
`	, ,				
PICK-UP	WAIT MAIL				
(E	Business Entity Name)				
`	, ,				
(0	Document Number)				
Certified Copies	Certificates of Status				
Special Instructions to Filing Officer					
	+				
	1				

Office Use Only

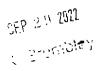


800394914128

09/29/22--01021--002 **125.00

FILED

2022 SEP 29 PM 3: 50
SECNETALY OF STAIL
MAINTANNESSEE, FI COLUMN



CORPORATE ACCESS, _____

When you need ACCESS to the world

INC.

6.

236 East 6th Avenue. Tallahassee, Florida 32303 P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

	WALKIN				
	Pl	ICK UP:	9/29 DANNY	_	
	CERTIFIED COPY				
XX	РНОТОСОРУ				
	CUS				
XX	FILING	FOR	EIGN LLC		
1.	WILLISTON CROSS (CORPORATE NAME AND DO		ST, LLC		
2.	(CORPORATE NAME AND DO	OCUMENT #)			
3.	(CORPORATE NAME AND DO	OCUMENT #)			
4.	(CORPORATE NAME AND DO	CUMENT #)			
5.	(CORPORATE NAME AND DO	CUMENT #)			
6.	(CORPORATE NAME AND DO	CUMENT #)	_		
SPECIAI INSTRU					

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE POLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: Williston Crossings West, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") (If name unavailable, outer alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C," or "LLC.") 47-5186268 Virginia (Jurisdiction under the law of which forming limited liability company is organized) (FEI number, (Capplicable) 07-13-22 (Date first transacted business in Florida, if prior to registration.)
(See actions 605,0904 & 605,0905, F.S. to determine pensity liability) Company Manager, LC a Virginia LLC Company Manager, LC a Virginia LLC (Mailing Address) (Street Address of Principal Office) PO Box 1528 2300 Snow Goose Drive Chesapeake, VA 23327 Chesapeake, VA 23320 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Registered Agent Solutions, Inc. Name: 155 Office Plaza Drive Ste A Office Address: Tallahassee 32301

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.

Adam Saldana, Asst. Secretary

(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: Company Manager, LC a Virginia □Manager Name: _____ ■Manager Address: 2300 Snow Goose Dr. □Member Address: _______ □Member Chesapeake, VA 23320 ☐ Authorized □ Authorized Person Person Other____ Other_____ Other___ Other ___ Name: □Manager ☐ Manager ☐ Member Address: □Member ☐ Authorized □ Authorized Person Person □Other_____ Other___ □Other _____ □ Other Name: _____ □Manager Name: ______ □ Manager Address: _______ ☐ Member Address: ______ □Member ☐ Authorized □ Authorized Person Person □ Other_____ Other____ Other____ 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. Signature of an authorized person

Thoresa R. Cumming 5

Typed or printed name of signes

Commonboealth & Hirginia



State Corporation Commission

CERTIFICATE OF FACT

1 Certify the Following from the Records of the Commission:

That Williston Crossings West, 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 September 9, 2015; 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:

September 9, 2022

Bernard J. Logan, Clerk of the Commission

CERTIFICATE NUMBER: 2022090917742382