From: Yanet Avila

Division of Corporations

2022-10-06 17:10:38 GMT

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To: Division of Corporations Fax Number : (850)617-6383 From: Account Name : EXPRESS CORPORATE FILING SERVICE INC. Account Number : I2000000146 Phone : (305)444-4994 Fax Number : (305)328-4774 **Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.** Email Address:_ Foreign Limited Liability Company WWS 21.029 LWR CENTER POINT, LLC Certificate of Status Certified Copy 1 04 Page Count

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Page: 3 of 5

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

	enter Point, LLC			
(Name of Foreign	Limited Liability Company, must include "Cimited	Liability Company," L.L.C., or "LLC.")		
rame unavailable, enter alternate	name adopted for the purpose of minuting business in Flo	rids. The alternate name must include "Limited Liability Compa	any," "ILL C," or "LLC,")	
Delaware		88-3748784		
(harsdaction under the law of which feedign limited liability company is originized)		3. (Fill number, if applicable)		
			•	
Upon Qualification				
	(Date first managed business in Florids, if prior to re (See sections 635,0904 & 605,0905, F.S. to determine	gistmrios.) c pecalty liability)		
142 West Platt Street, #118		142 West Platt Street, #118		
reet Address of Principal Office)		6. (Mailing Address)	2	
Tampa, FL 33606		Tampa, FL 33606	2622 6711 - 6	
		1111771, 12 33000		
			ī	
			PH	
Name and street address	ss of Florida registered agent: (P.O. Box.)	NOT acceptable)	?	
			27	
	William Collins			
Name:				
Name:	627 D. S. D. D.			
Name: Office Address:	627 De Soto Drive			
		13715		
	St. Petersburg	33715 , Florida		

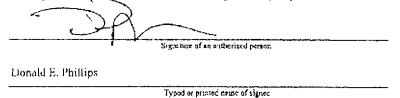
Ta:

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 Capacit	<u>Y:</u>	Name and Address:
≣Manager	Name: Donald E. Phillips	□Manager	Name:	
∐Member	Address: 142 W Plat: St, #118	□Member		
□ Authorized	Tampa, FL 33606	[]Authorized		
Person		Person		
Other	□Other	□Other ₊₋		□Other
□Manager	Name:	□Manager	Name:	2872
□Member	Address:	□Member	Address:	205
□ Anthorized		□Authorized		ا ق
Person		Person		P
Other	□Other	□Other	<u> </u>	1) Other 2:
□Малаger	Name:	□Manager	Name:	
□Member	Address:	□Member	Address:	· · · · · · · · · · · · · · · · · · ·
TlAuthorized		□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. Non-indexed 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.





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

DELAWARE, DO HEREBY CERTIFY "WWS 21.029 LWR CENTER POINT, 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 SIXTEENTH DAY OF AUGUST, A.D. 2022.

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

7872 Oris -6 PM 2: 30

6962729 8300 SR# 20223271408

To.

Authentication: 204170411 Date: 08-16-22

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