

M220000016723

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

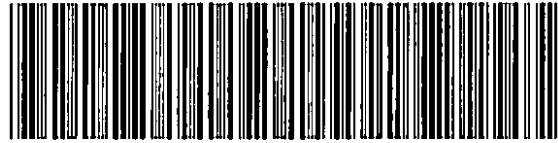
Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

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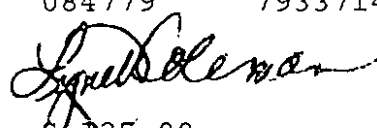
2022 OCT 28 AM 11:16

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

ACCOUNT NO. : I20000000195

REFERENCE : 084779 7933714

AUTHORIZATION :



COST LIMIT : \$ 125.00

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ORDER DATE : October 28, 2022

ORDER TIME : 9:55 AM

ORDER NO. : 084779-005

CUSTOMER NO: 7933714  
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FOREIGN FILINGS

NAME: HEADWATER RESOURCES 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: \_\_\_\_\_

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Headwater Resources, 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:

Matthew McVeigh

\_\_\_\_\_  
Name of Person

I Squared Capital

\_\_\_\_\_  
Firm/Company

600 Brickell Avenue, 40th Floor PH,

\_\_\_\_\_  
Address

Miami, FL 33131

\_\_\_\_\_  
City/State and Zip Code

legal@isquaredcapital.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

\_\_\_\_\_  
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

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$125.00 Filing Fee    ☐ \$130.00 Filing Fee & Certificate of Status    ☐ \$155.00 Filing Fee & Certified Copy    ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

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:

1. Headwater Resources LLC

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

Ondine Resources LLC

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Delaware

3. 88-3879958

(Jurisdiction under the law of which foreign limited liability company is organized)

(FEI number, if applicable)

4. n/a

(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability.)

5. 10100 Santa Monica Boulevard, Suite 300

6. same as Principle

(Street Address of Principal Office)

(Mailing Address)

Los Angeles, CA 90067

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name:

Corporation Service Company

Office Address:

1201 Hays Street

Tallahassee

(City)

Florida

32301

(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

By:

Eylina Baker  
Assistant Vice President

(Registered agent's signature)

2022 OCT 28 AM 11:20

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]:

| <u>Title or Capacity:</u>                  | <u>Name and Address:</u>                      | <u>Title or Capacity:</u>                      | <u>Name and Address:</u>             |
|--------------------------------------------|-----------------------------------------------|------------------------------------------------|--------------------------------------|
| <input type="checkbox"/> Manager           | Name: <u>Headwater Resources Holdings LLC</u> | <input type="checkbox"/> Manager               | Name: <u>Sadek Wahba</u>             |
| <input checked="" type="checkbox"/> Member | Address: <u>600 Brickell Avenue</u>           | <input type="checkbox"/> Member                | Address: <u>600 Brickell Ave</u>     |
| <input type="checkbox"/> Authorized        | <u>40th Floor PH</u>                          | <input checked="" type="checkbox"/> Authorized | <u>40th Floor PH</u>                 |
| Person                                     | <u>Miami, FL 33131</u>                        | Person                                         | <u>Miami, FL 33131</u>               |
| <input type="checkbox"/> Other _____       | <input type="checkbox"/> Other _____          | <input type="checkbox"/> Other _____           | <input type="checkbox"/> Other _____ |
| <br>                                       |                                               | <br>                                           |                                      |
| <input type="checkbox"/> Manager           | Name: _____                                   | <input type="checkbox"/> Manager               | Name: _____                          |
| <input type="checkbox"/> Member            | Address: _____                                | <input type="checkbox"/> Member                | Address: _____                       |
| <input type="checkbox"/> Authorized        | _____                                         | <input type="checkbox"/> Authorized            | _____                                |
| Person                                     | _____                                         | Person                                         | _____                                |
| <input type="checkbox"/> Other _____       | <input type="checkbox"/> Other _____          | <input type="checkbox"/> Other _____           | <input type="checkbox"/> Other _____ |
| <br>                                       |                                               | <br>                                           |                                      |
| <input type="checkbox"/> Manager           | Name: _____                                   | <input type="checkbox"/> Manager               | Name: _____                          |
| <input type="checkbox"/> Member            | Address: _____                                | <input type="checkbox"/> Member                | Address: _____                       |
| <input type="checkbox"/> Authorized        | _____                                         | <input type="checkbox"/> Authorized            | _____                                |
| Person                                     | _____                                         | Person                                         | _____                                |
| <input type="checkbox"/> Other _____       | <input type="checkbox"/> Other _____          | <input type="checkbox"/> Other _____           | <input type="checkbox"/> 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.

Sadek Wahba

Signature of an authorized person

Sadek Wahba

Typed or printed name of signee

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "HEADWATER RESOURCES 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 TWENTY-EIGHTH DAY OF OCTOBER, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "HEADWATER RESOURCES LLC" WAS FORMED ON THE SECOND DAY OF JUNE, A.D. 2022.

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

A handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

6745018 8300

SR# 20223884277

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

Authentication: 204727240

Date: 10-28-22