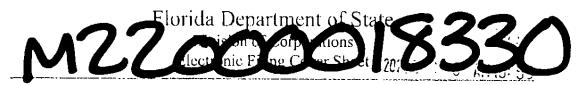
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Division of Corporations





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## Foreign Limited Liability Company WWS 21.021 FISHHAWK, LLC

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

IN COMPLIANCE WITH SECTION (05.6X2, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: WWS 21.021 Fishhawk, LLC (Name of Foreign Limited Embility Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") off name unavailable, enter alternate name compared for the purpose of transacting business in Florida. The attended materials materials alternate materials alternate name compared for the purpose of transacting business in Florida. The attended materials alternate name compared for the purpose of transacting business in Florida. 92-1259618 (Juradiction under the law of which foreign limited liability company is organized) (FE) number, if applicable) Upon Qualification (Date first managed business in Florein, if prior to registration) (See sections 605.0904 & 605.0905; F.S. to determine penalty liability) 142 W Platt St, #118 142 W Platt St, #118 5. (Street Address of Principal Office) Tampa, FL 33606 Tampa, FL 33606 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) William Collins Name: 627 De Soto Drive Office Address: St Petersburg 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 aganthus by.

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8. For initial indexing purposes, list names,	title or capacity and addresses of the primar	y members/managers or persons authorized to
manage [up to six (6) total];	·	

Title or Capacity:	Name and Address:	Title or Capacity	<u>c:</u>	Name and Address:
■Manager	Name: Donald E. Phillips	DAtanager	Name:	
□Momber	Address: 142 W. Platt St, #118	□Member		
□Anthorized	Tampa, FL 33606	□ Authorized		
Person		Person		
□Other	Other	[]Other		]]Other
ШМападег	Name:	[]Manager	Name:	
□Member	Address:	€lMamber		
□Authorized	Pers New Mark Company (Company)	☐ Authorized		
Person		Person	*******	
□Other	□Other	□Other		Other
□Manager	Name:	□ Manager	Name:	
□Member	Address:	□Member	Address,	
□Authorized		□Authorized		
Person		Person		
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 outh 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 fellony as provided for in s.817.155, F.S.

Signature of an authorized person	
Donald E. Phillips  Typed or printed name of steree	

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Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HERERY CERTIFY "WWS 21.021 FISHHAWK, 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-MINTH DAY OF NOVEMBER, A.D. 2022.

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

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

Authentication: 204952236

Date: 11-29-22