

M23000000820

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Additional Copies _____

Certificates of Status _____

Special Instructions to Filing Officer

Office Use Only



900400727059

S. FRANKLIN

JAN 23 2023



COGENCYGLOBAL®

115 N CALHOUN ST., STE. 4
TALLAHASSEE, FL 32301
P: 866.625.0838
F: 866.625.0839
COGENCYGLOBAL.COM

Account#: I20000000088

Date: 01/20/2023

Name: Merritt Walker

Reference #: 1886809

Entity Name: OAKRIDGE AVE PROPERTY HOLDINGS, LLC

☒ Articles of Incorporation/Authorization to Transact Business

☐ Amendment

☐ Change of Agent

☐ Reinstatement

☐ Conversion

☐ Merger

☐ Dissolution/Withdrawal

☐ Fictitious Name

☐ Other _____

Authorized Amount: \$125

Signature: mw

• CORPORATE HQ
COGENCY GLOBAL INC.
10 E 40TH ST, 10TH FL
NY, NY 10016
D: +1.212.947.7200
P: 800.221.0107
F: 800.944.6607

• EUROPEAN HQ
COGENCY GLOBAL (UK) LIMITED
REGISTERED IN ENGLAND & WALES,
REGISTRY #8010712
6 LLOYDS AVE, UNIT 4CL
LONDON EC3N 3AX
+44 (0)20.3961.3080

• ASIA PACIFIC HQ
COGENCY GLOBAL (HK) LIMITED
A HONG KONG LIMITED COMPANY
UNIT B, 11/F, LIPPO LEIGHTON TOWER
103 LEIGHTON RD, CAUSEWAY BAY
HONG KONG
P: +852.2682.9633
F: +852.2682.9790

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

I, COMPLYING 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:

Oakridge Ave Property Holdings, LLC

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

Delaware

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

3. (F.I. number, if applicable)

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

300 Atlantic Street, Ste 1110

300 Atlantic Street, Ste 1110

5. (Street Address of Principal Office)

6. (Mailing Address)

c/o Westport Capital Partners II, L.P.

c/o Westport Capital Partners II, L.P.

Stamford, CT 06901

Stamford, CT 06901

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

Name: COGENCY GLOBAL INC.

Office Address: 115 North Calhoun Street, Suite 4

Tallahassee, Florida 32301
(City) (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.

Merritt Walker

Merritt Walker, Asst. Secretary

(Registered agent's signature)

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>
☒ Manager	Name: <u>WCP BI Solutions, L.P.</u>
☐ Member	Address: <u>300 Atlantic Street, Ste 1110</u>
☐ Authorized	<u>c/o Westport Capital Partners II, L.P.</u>
☐ Person	<u>Stamford, CT 06901</u>
☐ Other _____	☐ Other _____

☐ Manager	Name: _____
☐ Member	Address: _____
☐ Authorized	_____
☐ Person	_____
☐ Other _____	☐ Other _____

☐ Manager	Name: _____
☐ Member	Address: _____
☐ Authorized	_____
☐ Person	_____
☐ Other _____	☐ Other _____

<u>Title or Capacity:</u>	<u>Name and Address:</u>
☐ Manager	Name: <u>WCP Homebuilder Inventory Solutions, L.P.</u>
☒ Member	Address: <u>300 Atlantic Street, Ste 1110</u>
☐ Authorized	<u>c/o Westport Capital Partners II, L.P.</u>
☐ Person	<u>Stamford, CT 06901</u>
☐ Other _____	☐ Other _____

☐ Manager	Name: _____
☐ Member	Address: _____
☐ Authorized	_____
☐ Person	_____
☐ Other _____	☐ Other _____

☐ Manager	Name: _____
☐ Member	Address: _____
☐ Authorized	_____
☐ Person	_____
☐ 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.

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)

I, _____, 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.

/s/ Marc Porosoff

Signature of an authorized person

Marc Porosoff

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 "OAKRIDGE AVE PROPERTY 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 NINETEENTH DAY OF JANUARY, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "OAKRIDGE AVE PROPERTY HOLDINGS, LLC" WAS FORMED ON THE EIGHTEENTH DAY OF JANUARY, A.D. 2023.

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

2023
JAN 19 11:11




Jeffrey W. Bullock, Secretary of State

7244737 8300

SR# 20230197428

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

Authentication: 202532851

Date: 01-19-23