

A2300000920

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : LEGALINC CORPORATE SERVICES INC.
Account Number : I2018000011
Phone : (844)386-0178
Fax Number : (214)317-4754

2023 JAN 24 PM 9:04

****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
Wynwood BN, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

2023 JAN 24 PM 9:04

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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 WYNWOOD BR, 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."

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

3
FEE 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)

5
Street Address of Principal Office:
530 B Street, STE 2050
San Diego, CA, 92101

6
Mailing Address:
530 B Street, STE 2050
San Diego, CA, 92101


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

Name LEGALINC CORPORATE SERVICES INC
Office Address 476 Riverside Ave
Jacksonville Florida 32202
(City) (Zip code)

2023 JAN 24 AM 9:04

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.


Registered agent's signature

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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:

Manager Name CREC Capital Management, LLC

Member Address 530 B Street, STE 2050

Authorized San Diego, CA, 92101

Person _____

Other _____ Other _____

Title or Capacity: Name and Address:

Manager Name _____

Member Address _____

Authorized _____

Person _____

Other _____ Other _____

Manager Name _____

Member Address _____

Authorized _____

Person _____

Other _____ Other _____

Manager Name _____

Member Address _____

Authorized _____

Person _____

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.

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 317.155, F.S.

Jason Tamashiro

Signature of an authorized person

JASON TAMASHIRO

Typed or printed name of signer

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Delaware

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "WYNWOOD BN, 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 THIRTEENTH DAY OF JANUARY, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "WYNWOOD BN, LLC" WAS FORMED ON THE TWENTY-SECOND DAY OF DECEMBER, A.D. 2022.

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

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Jeffrey W. Bullock, Secretary of State

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SR# 20230137730

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

Authentication: 20249653i

Date: 01-13-23