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(((H230000755173)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

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 W2L1 Project 1, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

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

IN COMPLIANCE WITH SECTION 605.0502, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

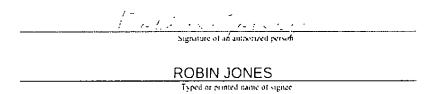
Delaware (Purisdiction under the law of a					
realisation dilettine me of a	hich foreign limited hability company is organized)	3. 92-2283615 (FEI number, (Capplicable)			
	(interpretation of the control of th				
	(Day day and a barrens of Florida) and a barrens of				
	(Date first transacted business in Florida, if prior to reg (See sections 605 0004 & 605 0005, F.S. to determine	beurity propinis)			
5701 Carder Rd		6. 7901 4th St N STE 300 (Mahag Address)			
et Address of Principal Office)		(Mathing Address)			
Orlando Florida 32810		St. Petersburg FL 33702			
Name and <u>street addres</u>	ss of Florida registered agent: (P.O. Box <u>N</u>	NOT acceptable)	2023		
Name and <u>street addres</u> Name.	Registered Agents Inc	NOT acceptable)	2023 FEB 27 F		
		NOT acceptable)	7 PH		
Name.	Registered Agents Inc	NOT acceptable) Florida 33702	٠. سا		

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: LIDSKY, ISAAC	□Manager	Name:	
XMember .	Address: 7901 4th St N STE 300	□Member	Address:	
□Authorized	St. Petersburg, FL 33702	□Authorized		
Person		Person		
□Other	□Other	□Other		□Other
□Manager	Name:	□Manager	Name:	
□Member	Address:	□Member	Address:	
□Authorized		□Authorized		
Person		Person		
□Other	Other	□Other		□Other
□Manager	Name:	□Manager	Name:	
□Member	Address:	□Member	Address:	
□Authorized	Jacks 1 1 1977 - 1977	□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.





Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "W2L1 PROJECT 1, 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-THIRD DAY OF FEBRUARY, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "W2L1 PROJECT 1,

LLC" WAS FORMED ON THE TENTH DAY OF FEBRUARY, A.D. 2023.

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

Authentication: 202775750

Date: 02-23-23