

To:

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2023-04-17 16:51:43 EDT

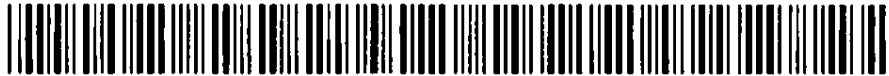
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From: Shelley Dunkelberger

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To:

Division of Corporations
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From:

Account Name : SAUL, EWING, ARNSTEIN & LEHR, LLP
Account Number : I20060000021
Phone : (561)833-9800
Fax Number : (561)655-5551

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email Address: steven@eagledigitalcapital.com

**Foreign Limited Liability Company
WESTPORT TH PHASE 1 LLC**

Certificate of Status	0
Certified Copy	1
Page Count	03
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TALLAHASSEE, FLORIDA

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

IN COMPLIANCE WITH SECTION 605.09(2) FLORIDA STATUTES THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. WESTPORT TH PHASE 1 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 purposes of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. DELAWARE 3. 92-2944375
(Jurisdiction under the law of which foreign limited liability company is organized) (EIN number, if applicable)

4. UPON REGISTRATION
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.09(4) & 605.09(5), F.S., to determine penalty liability)

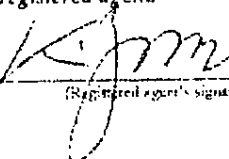
5. 1780 POLK STREET 6. 1780 POLK STREET
(Street Address of Principal Office) (Mailing Address)
11TH FLOOR 11TH FLOOR
HOLLYWOOD, FLORIDA 33020 HOLLYWOOD, FLORIDA 33020

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

Name: KEVIN S. GROSSFELD, C/O SAUL EWING LLP
Office Address: 701 BRICKELL AVENUE, 17TH FLOOR
MIAMI 33131
(City) (State) (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.


(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]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: WESTPORT TH HOLDCO LLC	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: 1780 POLK STREET	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	11TH FLOOR	<input type="checkbox"/> Authorized	_____
Person	HOLLYWOOD, FLORIDA 33020	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<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 _____
<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.

DocuSigned by:

Steven Adler

3E177016FFC04B0

Signature of an authorized person

STEVEN ADLER, AUTHORIZED REPRESENTATIVE

To:

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Delaware

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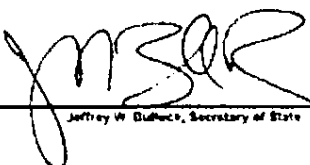
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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "WESTPORT TH PHASE 1 LLC" IS DULY
FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD
STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS
OFFICE SHOW, AS OF THE TWELFTH DAY OF APRIL, A.D. 2023.

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



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SR# 20231413513


Jeffrey W. Bullock, Secretary of State

Authentication: 203127554

Date: 04-12-23