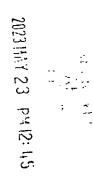
M23000066679

(Re	equestor's Name)				
(Ad	ldress)				
(Address)					
(Cit	y/State/Zip/Phone #)				
PICK-UP	WAIT	MAIL			
(Bu	siness Entity Name)				
(Do	ocument Number)				
Certified Copies	Certificates of	of Status			
Special Instructions to Filin	ng Officer:				





000408987850





14. Brumbley



CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195
REFERENCE 169.443 and 48.12118
AUTHORIZATION ()
COST LIMIT : \$ 130.00
ORDER DATE : May 22, 2023
ORDER TIME : 9:03 AM
ORDER NO. : 761443-005
CUSTOMER NO: 4812118
FOREIGN FILINGS
NAME: WPB MF, LLC
XXXX QUALIFICATION (TYPE: <u>LL</u>)
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY XX PLAIN STAMPED COPY XX CERTIFICATE OF GOOD STANDING
CONTACT PERSON: Eyliena Baker EXT#

EXAMINER: _____

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 TIMITED HABILITY COMPANY TOTRANSACT BUSINESS IN THE STATE OF FLORIDA:

WPB MF, LLC				
(Name of Foreign	Limited Liability Company; must include "Li	mited Liability Con	ipany," "L.L.C.," or "LI.C.")	
(If name unavailable, enter alternate	name adopted for the purpose of transacting business	s in Florida The alterna	ste name must include "Limited Liability (Company," "L.L.C," or "LLC.")
Delaware		3		
(Jurisdiction under the law of w	hich foreign limited liability company is organized)	_ 3	(FEI number, if ap	oplicable i
4				
	(Date first transacted business in Florida, if pr (See sections 605 0904 & 605 0905, F.S. to do	or to registration.) etermine penalty liabili	ıy)	
c/o Beacon Ridge C	apital Maпagement	6		
(Street Address of Principal Office)		0	(Mailing Address)	
1499 W. Palmetto Pa	ark Road, Suite 210			
Boca Raton, FL 334	86			2023 HAY
7. Name and street address	ss of Florida registered agent: (P.O.)	Box <u>NOT</u> accer	ntable)	23
Name:	Corporation Service Company		_	րս 12։ կ5
Office Address:	1201 Hays Street		_	22
	Tallahassee		32301 Florida	
	(City)		(Zip code)	
designated in this applica to comply with the provisi	stance: egistered agent and to accept service etion, I hereby accept the appointment ions of all statutes relative to the pro s of my position as registered agent. Corporation Service Company By: (Registered agent)	nt as registered oper and comple	agent and agree to act in this	s capacity. I further agree

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 Capacity:	Name and Address:
□Manager	Name: WPB MF Owner, LLC	□Manager	Name: Mark A. DeSario
■Member	Address: c/o Beacon Ridge Capital	□Member	Address: c/o Beacon Ridge Capital
□Authorized	1499 W. Palmetto Park Rd, Ste 210	■ Authorized	1499 W. Palmetto Park Rd, Ste 210
Person	Boca Raton, FL 33486	Person	Boca Raton, FL 33486
□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		□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 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.

Signature of an authorized person

Mark A. DeSario



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

DELAWARE, DO HEREBY CERTIFY "WPB MF, 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-SECOND DAY OF MAY, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "WPB MF, LLC" WAS FORMED ON THE TWENTY-SEVENTH DAY OF APRIL, A.D. 2023.

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

Authentication: 203397060

Date: 05-22-23