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PICK-UP WAIT MAIL
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SECRET CRY OF STATE
SECRET

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COVER LETTER

TO: Registration Section Division of Corporation	ns		
SUBJECT: 635 Wilmer Ave.	LLC		
3000ECT	Name of corporation - r	oust include suffix	
Dear Sir or Madam:			
The enclosed "Application by "Certificate of Existence," or " above referenced foreign corporations and the company of the enclosed properties of the enclosed properties of the enclosed "Application by "Certificate of Existence" of the enclosed Existence of Exi	Certificate of Good Standin	g" and check are sub-	
Please return all correspondence	e concerning this matter to	the following:	
Aaron Wade			
	Name of Per	son	
High Point Buildings			
	Firm/Compa	ny	
938 Sahlin Farm Road			
	Address		
Annapolis, MD 21401			
	City/State and	Zip code	
awade@highpointbuildings.com			
E-m	nail address: (to be used for	future annual report n	otification)
For further information concer	ning this matter, please call		
Aaron Wade at (410) 961-7643 Name of Person Area Code Daytime Telephone Number			
Name of Person	Area Code	Daytime Teleph	none Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
~	LORIDA DEPARTMENT O 78.75 Filing Fee &	F STATE 78.75 Filing Fee & Certified Copy	S87.50 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES. THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

N/A (Date first tr	3. \(\frac{93-1370703}{\text{tis incorporated}}\) 5. \(\frac{2 \text{ months}}{\text{(Date of duration, if other than perpetual)}}\)
5/16/2023 (Date of incorporation) N/A (Date first tr	t is incorporated) (FEI number, if applicable)
(Date of incorporation) N/A (Date first ti	5. 2 months (Date of duration, if other than perpetual)
N/A (Date first ti	(Date of duration, if other than perpetual)
(Date first ti	
(all all rons	ransacted business in Florida, if prior to registration) 6 607.1501 & 607.1502, F.S., to determine penalty liability)
38 Sahlin Farm Road Annapolis, MD 21	401
	(Principal office <u>street</u> address)
	(Current mailing address, if different)
Name and <u>street address</u> of Florida regi	istered agent: (P.O. Box NOT acceptable)
Name: Joey Jayne	
fice Address: 635 Wilmer Avenue	
Orlando	y) Florida 32808 (Zip code) (Zip code) 263 JUN 26
(Ci	
	是 26
Registered agent's acceptance:	and to accept service of process for the above stated corporation at the
ving neen namea as registeren agent a	ccept the appointment as registered agent and agree to act in this capa
ignated in this application. I hereby a	
ignatea in ints application, i nereby a	ns of all statutes relative to the proper and complete performance of m

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

A. DIRECTORS Name: Aaron Wade □ Chairman □Chairman Name: 938 Sahlin Farm Rd Address: ☐ Vice Chairman ☐ Vice Chairman Address: Annapolis, MD 21401 □ Director □ Director [iPresident []President □Vice President ______ ☐ Vice President ☐ Secretary □Treasurer □ Secretary ☐ Treasurer Managing Membe **■**Other ☐Other _____ □IOther_____ ElOther _____ Name: _____ ☐ Chairman Name: _____ □ Chaiπnan Address: ____ □Vice Chairman Address: □Vice Chairman □ Director □ Director ☐ President □President □Vice President _____ □ Vice President □ Secretary □Treasurer □ Secretary □Treasurer □Other _____ □Other_____ □Other _____ Other _____ □ Chairman Name: □ Chairman □Vice Chairman □Vice Chairman Address: _______ Address: _____ □ Director Director []President **ElPresident** □Vice President _____ ☐ Vice President □ Secretary □ Treasurer ☐ Secretary □Treasurer []Other _____ ☐Other _____ □Other _____ □ ClOther _____ 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. Signature of Director or Officer The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that 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. 13. Aaron Wade

STATE OF MARYLAND Department of Assessments and Taxation

I, MICHAEL L. HIGGS OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO LIMITED LIABILITY COMPANIES, OR THE RIGHTS OF LIMITED LIABILITY COMPANIES TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

1 FURTHER CERTIFY THAT 635 WILMER AVE. LLC (W24025207), REGISTERED MAY 16, 2023, IS A LIMITED LIABILITY COMPANY EXISTING UNDER AND BY VIRTUE OF THE LAWS OF THE STATE OF MARYLAND, AND THAT THE LIMITED LIABILITY COMPANY IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING TO TRANSACT BUSINESS.

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE ON THIS JUNE 22, 2023.

Michael L. Higgs Director



301 West Preston Street, Baltimore. Maryland 21201
Telephone Baltimore Metro (410) 767-1340 / Outside Baltimore Metro (888) 246-5941
MRS (Maryland Relay Service) (800) 735-2258 TT/Voice

Online Certificate Authentication Code: 1TJmDTREV00DfwwL190IXQ To verify the Authentication Code, visit http://dat.maryland.gov/verify

ARTICLES OF ORGANIZATION

OF

635 Wilmer Ave, LLC

THESE ARTICLES OF ORGANIZATION (hereinafter referred to as these "Articles") are made this 16 day of May. 2023, by the undersigned, being the organizer of the limited liability company named herein.
The undersigned, desiring to organize a limited liability company under and pursuant to the provisions of the Maryland Limited Liability Company Act (Title 4A of the Corporations and Associations Article of the Annotated Code of Maryland) (hereinafter referred to as the "Act"), hereby forms a limited liability company for the purposes and on the terms and conditions hereinafter set forth (the "Company"), and hereby certifies to the Maryland State Department of Assessments and Taxation as follows:
1. The name of the company shall be:
635 Wilmer Ave, LLC
The purposes of which the company is formed are as follows: to transact any and all lawful businesses for which the Company may be organized under the laws of the State of Maryland.
 The address of the principal office of the Company is: 938 Sahlin Farm Road Annapolis. MD 21401. The name of the registered agent of the Company is: Aaron Wade, 938 Sahlin Farm Road Annapolis, MD 21401. Said resident agent is a citizen of the State of Maryland and actually resides herein.
IN WITNESS WHEREOF, the undersigned has executed the Articles of Organization and acknowledges then to be his act.
WITNESS: AARONWADE, Managing Member (SEAL)

-Filing Date and Time: 5/16/2023 10:01:12 AM

Consent of Resident Agent

I hereby consent to act as the resident agent in Maryland for 635 Wilmer Ave, LLC.

_(SEAL)

The filing party's return address:

635 Wilmer Ave, LLC 938 Sahlin Farm Road Annapolis, MD 21401



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

Attached are the forms and instructions to register a foreign profit corporation to transact business in Florida. The requirements are as follows:

- Pursuant to section 607.1503(1), Florida Statutes, the attached application must be completed in its entirety.
- The corporation must submit an original certificate of existence, no more than 90 days oid, duly authenticated by the Secretary of State or the proper official having custody of corporate records in the state or country under the law of which it is incorporated. A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.
- There is a \$70.00 registration fee and a letter of acknowledgment will be issued free of charge upon registration.
- Certification fees are <u>optional</u>. Please submit an additional \$8.75 if a certificate of status is needed. The fee for a certified copy of the application is \$8.75 (plus \$1 per page for each page over 8, not to exceed a maximum of \$52.50). Please check the appropriate box on the COVER letter and send one check for the total amount made payable to the Florida Department of State.
- The COVER letter included in this packet should be completed and submitted along with the certificate, application and check. Both the mailing address and courier address are noted in the COVER letter.
- Important Information About the Requirement to File an Annual Report
 All Profit Corporations must file an Annual Report yearly to maintain "active"
 status. The first report is due in the year following formation. The report must be filed
 electronically online between January 1st and May 1st. The fee for the annual report is
 \$150. After May 1st a \$400 late fee is added to the annual report filing fee. "Annual
 Report Reminder Notices" are sent to the e-mail address you provide us when you submit
 this document for filing. To file any time after January 1st, go to our website at
 www.sunbiz.org. There is no provision to waive the late fee. Be sure to file before May 1st.

Any further inquiries concerning this matter should be directed to the Registration Section by calling (850) 245-6051 or writing the Registration Section, Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314.