

Fax Audit # H23000244265 3

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS
IN FLORIDAIN 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. WPPI Naples TF North Residential, LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "L.L.C.")

If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "L.L.C."

2. Delaware

(Jurisdiction under the law of which foreign limited liability company is organized)

3. _____

(FEI 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. 2881 Placida Rd.

(Street Address of Principal Office)

6. 9800 Connecticut Dr.

(Mailing Address)

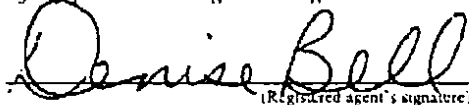
Suite 205Suite A1-100Englewood, FL 34224Crown Point, IN 463077. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)Name: CT Corporation SystemOffice Address: 1200 South Pine Island RoadPlantation

(City)

, Florida 33324

(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)

Denise Bell, Asst. Secretary

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SECRETARY OF STATE
TALLAHASSEE, FL

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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 type="checkbox"/> Manager	Name: <u>WMB Corp.</u>	<input type="checkbox"/> Manager	Name: <u>J. Matthew Chambers</u>
<input type="checkbox"/> Member	Address: <u>9800 Connecticut Dr</u>	<input type="checkbox"/> Member	Address: <u>2881 Placida Rd.</u>
<input type="checkbox"/> Authorized	<u>Suite A1-100</u>	<input checked="" type="checkbox"/> Authorized	<u>Suite 205</u>
Person	<u>Crown Point, IN 46307</u>	Person	<u>Englewood, FL 34224</u>
<input checked="" type="checkbox"/> Other <u>Mgr of OP Mbr of</u>	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
	<u>Sole Mbr</u>		
<input type="checkbox"/> Manager	Name: <u>Robert Hale</u>	<input type="checkbox"/> Manager	Name: <u>Jason Weisler</u>
<input type="checkbox"/> Member	Address: <u>2881 Placida Rd.</u>	<input type="checkbox"/> Member	Address: <u>9800 Connecticut Dr.</u>
<input checked="" type="checkbox"/> Authorized	<u>Suite 205</u>	<input checked="" type="checkbox"/> Authorized	<u>Suite A1-100</u>
Person	<u>Englewood, FL 34224</u>	Person	<u>Crown Point, IN 46307</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: <u>Kevin Carlson</u>	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: <u>9800 Connecticut Dr.</u>	<input type="checkbox"/> Member	Address: _____
<input checked="" type="checkbox"/> Authorized	<u>Suite A1-100</u>	<input type="checkbox"/> Authorized	_____
Person	<u>Crown Point, IN 46307</u>	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.



Signature of an authorized person

Jason Weisler, Secretary of WMB Corp., the Manager of the Sole Member

Typed or printed name of signer

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Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "WPPI NAPLES TF NORTH RESIDENTIAL, 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 TENTH DAY OF JULY, A.D. 2023.



7197552 8300

SR# 20232952036

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

A handwritten signature in black ink, appearing to read "JBullock", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 203713984

Date: 07-10-23