Florida Department of State

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(((H23000358364 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CAPITOL SERVICES, INC.

Account Number : I20160000017 Phone : (855)498-5500 Fax Number : (800)432-3622

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 VWTA MULBERRY, LLC

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$155.00

COVER LETTER

BJECT:	VWTA Mulberry, LLC						
213012(.1.		Name of Limited Liability Company					
ne enclose listence, a	ed "Application by Foreign Limited Liability and check are submitted to register the above	Company for Authorization to Transact Business in Florida," Certificate referenced foreign limited liability company to transact business in Florida.					
ase retur	n all correspondence concerning this matter	to the following:					
		Name of Person					
	Capitol Services - Corporate Filings	Геат					
	· · · · · · · · · · · · · · · · · · ·	Firm/Company					
	206 E. 9th St., Suite 1300						
	Address						
	Austin, TX 78701-4411						
		City/State and Zip Code					
	E-mail address: (to b	se used for future annual report notification)					
r further i	information concerning this matter, please ca	all:					
		at ()					
	Name of Contact Person	Area Code Daytime Telephone Number					
Malling Address: Registration Section		Street Address: Registration Section					
	vision of Corporations D. Box 6327	Division of Corporations The Centre of Tallahassee					
	llahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303					
Ple	closed is a check for the following amount: ase make check payable to: FLORIDA DE. \$125.00 Filing Fee						

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. LIMITED LIABILITY COMPANYTO TRANSACT RUSINESS IN THE STATE OF FLORIDA-

(Name of Foreign	Limited Liability Company; must include "Limited	Lability	(Company," "L.L.C.," or "LLC.")	-		
Traine or to organ	Daniel Daniel, Company, Michigan		,,			
	ame adopted for the purpose of transacting husiness in Flu	. Las ressa	1	E'lle, C'amagni, P. 11, T. C' P. Ag 27, 1		
fname unavailable, enter alternate i	arne adopted for the purpose of unusacting business in Fig.	orida. i lic	atternate name must include "Limited Lial	niny Company, L.E.C. or ED		
Delaware		3.				
(Jurisdiction under the law of which foreign limited liability company is organized)		٠,٠	3. (FEI number, if applicable)			
Upon filing						
Opon ming	(Date first transacted business in Florida, if prior to a					
	(See sections 605.0904 & 605.0905, F.S. to determine	ne penalty	liability)			
c/o TA Realty LLC, One Federal St., 17th Floor		,.	c/o TA Realty LLC, One Fee			
treet Address of Principal Office)		ti.	(Mailing Address)			
Boston, MA 02110			Boston, MA 02110			
			DOSION, MA 02110			
				2023 OCT		
				- 및 목		
Name and street addres	s of Florida registered agent: (P.O. Box	<u>иот</u>	acceptable)	5/ 2		
				(A.1) 10 m = 10		
	Corporation Service Company			28. FT 00 : 11 MA		
Name:						
	1201 Hay Street			00		
Office Address:				•		
	Tallahassee		32301			
(City)			, Florida(Zip code)			

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.

Melisaa Clarke Melissa Charke Assi Y.P.	
(Registered agent's signature)	

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	ri.	Name and Address:
□Manager	Name: VWTA JV, LLC	□Manager	Name:	
■Member	Address: One Federal St., 17th Floor			
□Authorized	Boston, MA 02110	□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		□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.

/s/ Scott L. Dalrymple



Page 1

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

DELAWARE, DO HEREBY CERTIFY "VWTA MULBERRY, 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 OCTOBER, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "VWTA MULBERRY, LLC" WAS FORMED ON THE ELEVENTH DAY OF OCTOBER, A.D. 2023.

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

Authentication: 204356680

Date: 10-12-23