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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number: FCA000000023 Phone : (954)208-0845 Fax Number : (614)573-3996

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

Email Address: karamb@sullcrom.com

Foreign Limited Liability Company 1822 Upland WPB Associates LLC

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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 COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: 1. 1822 Upland WPB Associates LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "Lil. C." or "Lil C.")

(It nome unavailable, enter alternate	name adopted for the purpose of transacting business in Flori	ida. The alternate name must include "Limited Liabili	ly Company," "L.L.C." or "LLC.")	
Delaware 2		N/A		
(Jurisdiction under the law of w	high foreign limited liability company is organized)	3. (FEI number, it	(Fill number, if applicable)	
	(Date first transpeted business in Florida, if prior to res (See sections 605,0904 & 605,0905, F.S. to determine	gistracion.) penalty liability)		
c/o Bachir P. Karam		c/o Bachir P. Karam		
5. Street Address of Principal Office) 6.		6. (Mailing Address)		
125 Broad Street, Suite	3911	125 Broad Street, Suite 3911		
New York, New York 10004		New York, New York 10004	200	
Name and street addres	ss of Florida registered agent: (P.O. Box)	<u>NOT</u> acceptable)	2023 OCT 19 SECRETAR TALLAR	
Name:	C T Corporation System		APY OF	
Office Address:	1200 South Pine Island Road		AM 10: 09	
	Plantation	33324 , Florida	_	
	(City)	(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.

	C T Corporation System			
By:	Meredith Hellivia	Meredith Hellwig, Assistant Sec.		
(Registered egent'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 Capacit	i <u>v:</u>	Name and Address:
□Manager	Name: Bachir P. Karam	□Manager	Name:	
□Member	Address: 125 Broad Street	□Member		
⊠Authorized	Ste. 3911	☐ Authorized		
Person	New York, NY 10004	Person		
□Other	□Other	□ Other		□Other
□Manager	Name:	□Manager	Name:	
□Member	Address:	□Member	Address:	
□Authorized	7107 4777	□ Authorized		
Person		Person		
Other		Other		□ Other
□Manager	Name:	□Manager	Name:	
□Member	Address:	□Member		
☐ 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 fellowy as provided for in s.817.155, F.S.

/s/ Bachir P. Karam		
	Signature of an auxhorized person	

To:



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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "1822 UPLAND WPB ASSOCIATES 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 NINETEENTH DAY OF OCTOBER, A.D. 2023.

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



Jeffrey W. Bulloca, Secretary of State

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