

3/14/24, 4:02 PM

Division of Corporations

**M240000003336**  
 Florida Department of State  
 Division of Corporations  
 Electronic Filing Cover Sheet

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To:

Division of Corporations  
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From:

Account Name : FOLEY & LARDNER  
 Account Number : I19980000047  
 Phone : (407)423-7656  
 Fax Number : (407)648-1743

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

Email Address: Thomas.Cornell@PrevalonEnergy.com

**Foreign Limited Liability Company  
 WEKIVA CAPITAL LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
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RECEIVED

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DEPARTMENT OF STATE  
 DIVISION OF CORPORATIONS  
 TALLAHASSEE, FLORIDA

2024 MAR 14 PM 11:44

Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: WEKIVA CAPITAL LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida

Please return all correspondence concerning this matter to the following:

Josee Chin

Name of Person

Foley & Lardner LLP

Firm/Company

2 S Biscayne Blvd, Suite 1900

Address

Miami, FL 33131

City/State and Zip Code

Thomas.Cornell@PrevalonEnergy.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call

Josee Chin

305

482-8431

at ( )

Name of Contact Person

Area Code

Daytime Telephone Number

Mailing Address:

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Street Address:

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to FLORIDA DEPARTMENT OF STATE

☐ \$125.00 Filing Fee    ☐ \$130.00 Filing Fee & Certificate of Status    ☐ \$155.00 Filing Fee & Certified Copy    ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

**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 WEKIVA CAPITAL LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "LLC")

(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 "LLC")

2 Delaware 3. 94-0750663  
(Jurisdiction under the law of which foreign limited liability company is organized) (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 <u>400 International Pkwy</u> (Street Address of Principal Office)	5 <u>400 International Pkwy</u> (Mailing Address)
<u>Ste 200</u>	<u>Ste 200</u>
<u>Heathrow, FL 32746</u>	<u>Heathrow, FL 32746</u>

7 Name and street address of Florida registered agent (P.O. Box NOT acceptable)

Name	<u>COGENCY GLOBAL INC.</u>
Office Address	<u>115 North Calhoun Street, Suite 4</u>
<u>Tallahassee</u>	<u>32301</u>
(City)	, Florida (Zip code)

2024 MAR 14 PM 11:44

**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.*

/s/ Ken Howell, Assistant Secretary

(Registered agent's signature)

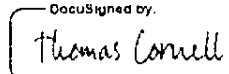
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage (up to six (6) total):

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: <u>Benjamin Hunnewell</u>	<input checked="" type="checkbox"/> Manager	Name: <u>Thomas Michael Cornell</u>
<input type="checkbox"/> Member	Address: <u>400 International Pkwy</u>	<input type="checkbox"/> Member	Address: <u>400 International Pkwy</u>
<input type="checkbox"/> Authorized	Ste: <u>200</u>	<input type="checkbox"/> Authorized	Ste: <u>200</u>
Person	<u>Heathrow, FL 32746</u>	Person	<u>Heathrow, FL 32746</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
 <input checked="" type="checkbox"/> Manager	Name: <u>Michael McManus</u>	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: <u>400 International Pkwy</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	Ste: <u>200</u>	<input type="checkbox"/> Authorized	_____
Person	<u>Heathrow, FL 32746</u>	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
 <input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	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.

Declassified by:  
  
 20250409240442L  
 \_\_\_\_\_  
 Signature of an authorized person  
 Thomas Cornell  
 \_\_\_\_\_  
 Typed or printed name of signer

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF  
DELAWARE, DO HEREBY CERTIFY "WEKIVA CAPITAL 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 FOURTEENTH DAY OF MARCH, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "WEKIVA CAPITAL  
LLC" WAS FORMED ON THE NINTH DAY OF AUGUST, A.D. 2023.

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



7616153 8300

SR# 20241006603

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://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.

Jeffrey W. Bullock, Secretary of State

Authentication: 203024798

Date: 03-14-24