M24000008071

| (Req | uestor's Name) | | | | |
|---|-----------------|-------------|--|--|--|
| . (Addi | ress) | | | | |
|) · (Add | ress) | | | | |
| ··· (City/ | /State/Zip/Phon | e #) | | | |
| PICK-UP | WAIT | MAIL | | | |
| (. (Busi | ness Entity Nar | me) | | | |
| I (Doc | ument Number) | <u> </u> | | | |
| Certified Copies | Certificate | s of Status | | | |
| -Special Instructions to Filing Officer | | | | | |
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Office Use Only



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2024 JON 21 FILLS: 1,7

RECEIVED

JUN 2 4 2024

< Brumbley

CSC - Tallahassee
CSC 1201 Hays Street
Tallahassee, FL 32301-2607
850-558-1500, Ext:

To: Department Of State, Division Of Corporations

From: Amanda Miller

Ext:

Date: 06/21/24 Order #: 1542135-3

Re: Umbrella Point Holdings, LLC

Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Application for Certificate of Authority

Amount to be deducted from our State Account: \$125.00 - FL State Account Number:

120000000195

Certificate of Good Standing from State of Incorporation

auth

Please take the following action: File in your office on basis

Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

COVER LETTER

| Umbrella Point Holdings, LLC JECT: | | |
|---|---|--|
| Nar | ne of Limited Liability Company | |
| | y Company for Authorization to Transact Business in Florida," Certificate e referenced foreign limited liability company to transact business in Flor | |
| e return all correspondence concerning this matter | to the following: | |
| Jacqueline M. Perry | | |
| - | Name of Person | |
| JWM Family Enterprises, L.P. | | |
| | Firm/Company | |
| 500 Gaither Road, Suite 100 | | |
| | Address | |
| Rockville, MD 20850 | | |
| | City/State and Zip Code | |
| jackie@tpvlp.com | | |
| E-mail address: (to | be used for future annual report notification) | |
| urther information concerning this matter, please o | all: | |
| Stephanie Loughlin | 202 415-1672 al () | |
| Name of Contact Person | Area Code Daytime Telephone Number | |
| Mailing Address: | Street Address: | |
| Registration Section | Registration Section | |
| Division of Corporations | Division of Corporations | |
| P.O. Box 6327 | The Centre of Tallahassee | |
| Tallahassee, FL 32314 | 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 | |
| | | |

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:

| f name unavailable, enter alternate | name adopted for the purpose of transacting business in F | lorida. The altern | ate name must include "Limited Liability C | ompany," "L.l. C," or "LLC |
|-------------------------------------|--|--------------------------------------|--|----------------------------|
| Delaware | | n/a 3. | | |
| (Jurisdiction under the law of v | ection under the law of which foreign limited liability company is organized) | | (FEI number, if applicable) | |
| n/a | | | | |
| | (Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determ | registration.) ine penalty liabil | ity) | |
| | | Gaither Road, Ste 100 | | |
| eet Address of Principal Office) | | 6 | (Mailing Address) | - |
| Rockville, MD 20850 | | Roo | ckville, MD 20850 | |
| | | | | 20 |
| | | | | <u></u> |
| Name and street addre | ss of Florida registered agent: (P.O. Box | NOT acce | ptable) | 2024 Junz) Fii 12: 1: |
| Name: | Corporation Service Company | | | F: F: |
| Office Address: | 1201 Hays Street | | _ | 7 |
| | Tallahassee | | 32301 , Florida | |
| | | | (Zip code) | |

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: | Name and Address: |
|--------------------|------------------------------------|--------------------|------------------------------------|
| □Manager | Name: | □Manager | Name: Robert Kalchik |
| □Member | Address: 500 Gaither Road, Ste 100 | □Member | Address: 500 Gaither Road, Ste 100 |
| ■Authorized | Rockville, MD 20850 | Authorized | Rockville, MD 20850 |
| Person | | Person | |
| □Other | | □Other | Other |
| □Manager | Name: | □Manager | Name: |
| □Member | Address: 500 Gaither Road, Ste 100 | □Member | Address: |
| Authorized | Rockville, MD 20814 | □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.

Signature of an authorized person

Page 1



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

DELAWARE, DO HEREBY CERTIFY "UMBRELLA POINT HOLDINGS, 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 TWENTIETH DAY OF JUNE, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "UMBRELLA POINT HOLDINGS, LLC" WAS FORMED ON THE ELEVENTH DAY OF JUNE, A.D. 2024.

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



Authentication: 203760122

Date: 06-20-24