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COVER LETTER

Registration Section

TO:

Div	rision of Corporations					
SUBJECT:	Whitestone CPI MGR, LLC					
0000000	Name of Limited Liability Company					
The enclosed Existence, a	d "Application by Foreign Limited in the check are submitted to register the	iability Company for above referenced for	r Authorizatio oreign limited	on to Transact Business in Florida," Certifica liability company to transact business in Fl	ate of orida.	
Please return	all correspondence concerning this	matter to the followi	ng:			
	Kevin A. Denti, Esquire					
	Name of Person					
	Kevin A. Denti, P.A.					
	Firm/Company					
	2180 Immokalee Road - Suite #316					
	Address					
	Naples. Florida 34110					
City/State and Zip Code						
	kdenti@dentilaw.com			•		
	E-mail addre	ss: (to be used for fut	ure annual re	port notification)		
For further is	nformation concerning this matter.	lease call:				
Rit	a Bailey	2: at (39	260-8111		
	Name of Contact Pers	on i	Area Code	Daytime Telephone Number		
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Regis Divis The C 2415	Address: stration Sect tion of Corp Centre of Ta N. Monroe hassec, FL	oorations allahassee : Street, Suite 810		
Ple	closed is a check for the following a ase make check payable to: FLORI \$125.00 Filing Fee \$130.00 Ce	DA DEPARTMENT	OF STATE 0155.00 Filing Certified	g Fee & 💢 \$160.00 Filing Fee, Certificat		

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 HABILITY COMPANY TO TRANSACT BUSINESS. IN THE STATE OF FLORIDA:

	Limited Liability Company; must include "Limite	ed Liability Company, ""L. L.C., " or "U.C.")	
name unavailable, enter alternate	name adopted for the purpose of transacting business in F	Florida. The alternate name must include "Limited Liabil	ity Coinpany," "L.I. C."
Delaware		92-1131645	
(Juristliction under the law of v	which foreign limited liability company is organized)	3(FEI number,	f'applicable)
· 	(Date first transacted business in Florida, if prior to (See sections 605 0904 & 605 0905, F.S. to determ	registration) nine penalty liability)	_
131 North Garden Ave	enue	131 North Garden Avenue	
treet Address of Principal Office)		6. (Mailing Address)	
		A	
Clearwater, Florida 33	755 	Clearwater, Florida 33755	
	ss of Florida registered agent: (P.O. Box		2624
	ss of Florida registered agent: (P.O. Box Kevin A. Denti, Esquire		: 24
. Name and street addre	ss of Florida registered agent: (P.O. Box Kevin A. Denti, Esquire	x <u>NOT</u> acceptable)	: 24
. Name and street addre Name:	ss of Florida registered agent: (P.O. Box Kevin A. Denti, Esquire 2180 Immokalee Road - Suite #316 Naples	x <u>NOT</u> acceptable)	

(Registered agent's signature)

and accept the obligations of my position as registered agent.

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	Adrian Otto	■Manager	Name: Mirko Otto
□Member	Address:	□Member	Address:
□Authorized	Clearwater, Florida 33755	Authorized	Clearwater, Florida 33755
Person		Person	
□Other	□Other	□Other	Other
≣ Manager	Name:	∰Manager	Name: Eduard Reidel
□Member	Address:	□Member	Address:Address
Authorized	Clearwater, Florida 33755	□Authorized	Clearwater, Florida 33755
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.

Adrian Otto
Signature of an authorized person

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "WHITESTONE CPI MGR, 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 "WHITESTONE CPI MGR, LLC" WAS FORMED ON THE SECOND DAY OF NOVEMBER, A.D. 2022.

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



Authentication: 203757369

Date: 06-20-24