

Florida Department of State

Division of Corporations

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (514)280-3338
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: corpgov@wpgus.com

Foreign Limited Liability Company

WPG WESTSHORE PARCEL LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

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2024 OCT -9 PM 4:29

 DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
FAX UNIT - 617-6383

2024 OCT 9 PM 1:14

00113

**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. WPG Westshore Parcel 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. _____
(Jurisdiction under the law of which foreign limited liability company is organized) (LL number, if applicable)

4. _____
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0901 & 605.0905, F.S., to determine penalty liability)

5. 4900 E. Dublin Granville Rd. 6. 4900 E. Dublin Granville Rd.
(Street Address of Principal Office) (Mailing Address)

4th Floor 4th Floor

Columbus, OH 43081 Columbus, OH 43081

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

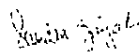
Name: C.T. Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324
(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.



Sandra Zwijsack

(Registered agent's signature)

2024 OCT -9 PM 1:49

10/9/24

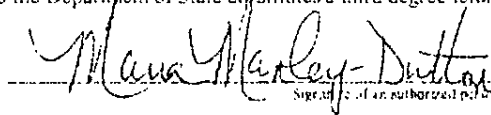
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
☐ Manager	Name: Christopher Conlon	☐ Manager	Name: Christa Vespy
☐ Member	Address: 4900 E. Dublin Granville Rd.	☐ Member	Address: 4900 E. Dublin Granville Rd.
☒ Authorized	4th Floor	☒ Authorized	4th Floor
Person	Columbus, OH 43081	Person	Columbus, OH 43081
☐ Other	☐ Other	☐ Other	☐ Other
 ☐ Manager	 Name: David Keane	 ☐ Manager	 Name: Joshua Lindimore
☐ Member	Address: 4900 E. Dublin Granville Rd.	☐ Member	Address: 4900 E. Dublin Granville Rd.
☒ Authorized	4th Floor	☒ Authorized	4th Floor
Person	Columbus, OH 43081	Person	Columbus, OH 43081
☐ Other	☐ Other	☐ Other	☐ Other
 ☐ Manager	 Name: Maria Manley-Dutton	 ☐ Manager	 Name:
☐ Member	Address: 4900 E. Dublin Granville Rd.	☐ Member	Address:
☒ Authorized	4th Floor	☐ Authorized	
Person	Columbus, OH 43081	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

Maria Manley-Dutton

 Printed name of authorized person

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "WPG WESTSHORE PARCEL 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 FOURTH DAY OF OCTOBER, A.D. 2024.

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



5382298 8300

SR# 20243868157

You may verify this certificate online at corp.delaware.gov/authver.shtmlA 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: 204557676

Date: 10-04-24