

MA4000015646

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

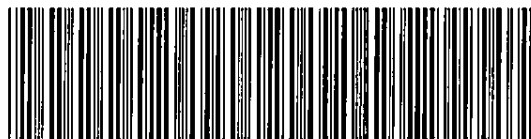
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000439545930

11/13/24--01025--021 **160.00

2024 NOV 13 PM 12:25

T. LEMIEUX

DEC 16 2024

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: WAUSM OPCO GP II, L.L.C

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:

WILLIAM J. COLGAN

Name of Person

WAUSM OPCO GP II, L.L.C

Firm/Company

601 OAK STREET, BUILDING 8, Unit H

Address

PORT ORANGE, FL 32127

City/State and Zip Code

BCOLGAN@CHA.PARTNERS

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

For further information concerning this matter, please call:

WILLIAM COLGAN

973

429-7900

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. WAUSM OPCO GP II, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," 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," "L.L.C.," or "LLC.")

2. DELAWARE 86-3461304
(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. 601 OAK STREET, BUILDING 8 2 BROAD ST
(Street Address of Principal Office) (Mailing Address)
UNIT H 4TH FLOOR
PORT ORANGE, FL 32127 BLOOMFIELD, NJ 07003

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

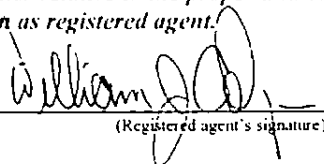
Name: WILLIAM J. COLGAN

Office Address: 601 OAK STREET, BUILDING 8, UNIT H

PORT ORANGE 32127
(City) , Florida (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.


(Registered agent's signature)

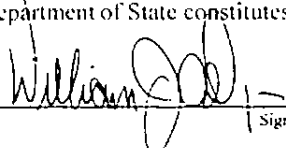
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<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: STEVEN M. ROSEFSKY	<input type="checkbox"/> Manager	Name: WILLIAM J. COLGAN
<input type="checkbox"/> Member	Address: 2 BROAD STREET	<input type="checkbox"/> Member	Address: 2 BROAD STREET
<input type="checkbox"/> Authorized	4TH FLOOR	<input checked="" type="checkbox"/> Authorized	4TH FLOOR
Person	BLOOMFIELD, NJ 07003	Person	BLOOMFIELD, NJ 07003
<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
<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.



Signature of an authorized person

WILLIAM J. COLGAN

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 "WAUSM OPCO GP II, 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 THIRTY-FIRST DAY OF OCTOBER, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "WAUSM OPCO GP II, LLC" WAS FORMED ON THE TWENTIETH DAY OF APRIL, A.D. 2021.

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



5854961 8300

SR# 20244093099

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 204766158

Date: 10-31-24

State of Delaware
Secretary of State
Division of Corporations
Delivered 04:09 PM 04/20/2021
FILED 04:09 PM 04/20/2021
SR 20211373684 - File Number 5854961

**Certificate of Formation
Of
WAUSM Opco GP II, LLC**

FIRST: The name of the limited liability company is WAUSM Opco GP II, LLC.

SECOND: The address of its registered office in the State of Delaware is 1013 Centre Rd., Suite 403-A in the City of Wilmington, County of New Castle, 19805. The name of its Registered Agent at such address is American Incorporators Ltd.

THIRD: The purpose of the limited liability company shall be to engage in any lawful act or activity for which a limited liability company may be formed under the Limited Liability Company law of the State of Delaware.

FOURTH: The limited liability company shall have perpetual existence.

FIFTH: Management of the limited liability company is vested in the member(s) in accordance with their ownership interests, unless this is varied by the operating agreement. A limited liability company member may not assign, either wholly or partially, the right to participate in management without the written consent of all limited liability company member(s).

SIXTH: The name and mailing address of the person forming this limited liability company at the instruction of its member(s) is as follows:

Alessandra Koetitz
1013 Centre Rd. Suite 403-A
Wilmington, DE 19805

IN WITNESS WHEREOF, the undersigned has executed this Certificate of Formation of WAUSM Opco GP II, LLC on April 20, 2021.

Alessandra Koetitz
Alessandra Koetitz
Organizer

PERGOLA ROOFTOP – SF=1200

$$\frac{1200}{34} = 35 \text{ SF per light}$$

PERGOLA ROOFTOP – SF=1200

$$28 = 4 \text{ fixtures}$$

PERGOLA 4th floor
SF=780

$$\frac{780}{27} = 28 \text{ SF per light}$$