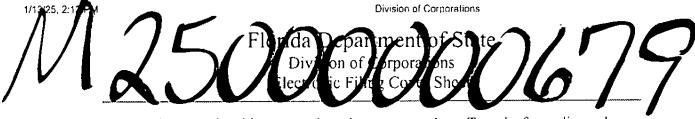
To:



2025-01-13 13:16:41 CST

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number

: (850)617-6383

from:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)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: \_\_anthony@basisindustrial.com

## Foreign Limited Liability Company WMG ICOT BC Owner, LLC

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

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Corporate Filing Menu

Help

K. SALY

JAN 14 2025

From Daylen Platt

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

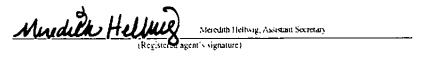
2025-01-13 13:16.41 CST

IN COMPLIANCE WITH SECTION (98.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

(Name of Foreign	Limited Liability Company; must include "Limited	d Liability Company," "L	.L.C.," or "LLC.")			-
(II name unavailable, enter alturnate n	name adopted for the purpose of transacting business on Fl	orido. The alternate name ma	ist include "Limited Liab	olity Company,""	L.L. C," ot "	i 1.C ")
Delaware						
(Jurisdiction under the law of w	hich foreign limited liability company is organized)	J	(FEI number	, if applicable)		-
<b>1</b> .	(Date first transacted business in Florida, if prior to (See sections 605,091)4 & 605,0905, F.S. to determi			<u>.</u>		
	(Date first transacted business in Florida, if prior to (See sections 605.091)4 & 605.0905, F.S. to determine	registration ) ine penalty liability)				
4800 N. Federal Highway, Suite B200 5. [Street Address of Principal Office)		4800 N. Fed 6.	leral Highway, Su	site B200		_
Street Address of Principal Office)		(Mailing A	(ddress)			
Boca Raton, Florida 33431		Boca Raton, Florida 33431				
					(X2)	_
7. Name and street address	s of Florida registered agent: (P.O. Box	NOT acceptable)		LLXHX39	5 JAN 13	7
Name:	C T Corporation System				9 PM 4: 00	
Office Address:	1200 South Pine Island Road			EL ÚPIO.	4: 00	
	Plantation	Flor		<del></del>		
	(Cay)		(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.



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 Capacit	<u>V:</u>	Name and Address:
□Manager	Name: Anthony Scavo	□Manager	Name:	
□Member	Address: 4800 N. Federal Highway,	□Member	Address:	
□Authorized	Suite B200, Boca Raton FL 33431	□Authorized		
Person		Person		
Other Authorized Si	gnatory Other	□Other		□Other
□Manager	Name:	□Manager	Name:	皇皇下
□Member	Address:	□Member	Address:	$i \sigma^{i}$
□Authorized		□Authorized		- 13 F. O
Person		Person	<del></del>	
Other	Other	□Other		☐ Other
□Manager	Name:	□Manager	Name:	
□Member	Address:	□Member	Address:	
□Authorized		□Authorized		
Person		Person	<del>-</del>	
□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.

/s/ Anthony Scavo		
	Signature of an authorized person	
Anthony Scavo		
	Is need as printed name at some	



Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "WMG ICOT BC OWNER, 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 TENTH DAY OF JANUARY, A.D. 2025.

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

Authentication: 202669475

Date: 01-10-25

10061717 8300 SR# 20250096604