2025-01-13 11.05:04 CST

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From: Daylen Platt

Division of Corporations

## 1/13/25, 12:02 PM

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To:

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From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

: (614)280-3338

Phone 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.\*\*

anthony@basisindustrial.com Email Address:\_

## Foreign Limited Liability Company WMG Turtle Creek Owner, LLC

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

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K. SALY

JAN 14 2025

Ta:

(Zip code)

## 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. WMG Turtle Creek Owner, LLC

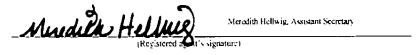
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(I) name unavailable, enter alternate i	unw adopted for the purpose of transacting husiness in Fle	orida. The alternate name must include "Li	imited Liability Company," "E.L.C," or "LTC."
Delaware 2. (Jurisdiction under the law of w	hich foreign limited liability company is organized)	3	El number, if applicable)
1.	(Date first transacted business in Florida, if prior to r (See sections 605,0904 & 605,0905, F.S. to determit	egistration ) to penalty liability)	<del></del>
4800 N. Federal Highway, Suite B200 4 5. (Street Address of Principal Office)		4800 N. Federal High  6. (Minling Address)	way, Suite B200
Boca Raton, Florida 33	3431	Boca Raton, Florida 3	13431
7. Name and <u>street addres</u>	§ of Florida registered agent: (P.O. Box	NOT acceptable)	SECULIAR SECTION
Name:	C T Corporation System		13 PH W O
Office Address:	1200 South Pine Island Road		PH 4: 00
	Plantation	3332- , Florida	4

## 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.

(City)



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: Anthony Scavo	□Manager	Name:	
□Member	Address: 4800 N. Federal Highway,	□Member	Address:	
□Authorized	Suite B200, Boca Raton FL 33431	□Authorized		
Person		Person		
■Other	onatory Other	□Other		□Other
□Manager	Name:	□Manager	Name:	
□Member	Address:	□Member	Address:	1 3 m
□Authorized		□Authorized		,
Person		Person		
□Other	Other	□Other	<del></del>	□Other <u></u> 8
□Manager	Name:	□Manager	Name:	
□Member	Address:	□Member	Address:	<u> </u>
□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.

/s/ Anthony Scavo	
	Signature of an authorized person
Anthony Scavo	
	Exped or printed name of signee



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

DELAWARE, DO HEREBY CERTIFY "WMG TURTLE CREEK 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.



10061708 8300 SR# 20250096569 Authentication: 202669440

Date: 01-10-25