

12/1/2020

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

From:
 Account Name : USACORP INC.
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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

robert@wbpropertygroup.com
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Foreign Limited Liability Company
Lofts at Lakeland LLC

Certificate of Status	0
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Corporate Filing Menu

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 12/2/20

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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. Lofts at Lakeland 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

(Jurisdiction under the law of which foreign limited liability company is organized)

3. _____

(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. 495 BROADWAY, 7TH FLOOR

(Street Address of Principal Office)

NEW YORK, NY 10012

6. 495 BROADWAY, 7TH FLOOR

(Mailing Address)

NEW YORK, NY 10012

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

Name: _____

Registered Agents Legal Services, LLC

Office Address: _____

155 Office Plaza Drive, Suite A

Tallahassee

(City)

Florida

32301

(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.

/s/ Michael Ashley

(Registered agent's signature)

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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: Robert Weinstein	<input checked="" type="checkbox"/> Manager	Name: David Weinstein
<input type="checkbox"/> Member	Address: 495 Broadway, 7th FL	<input type="checkbox"/> Member	Address: 495 Broadway, 7th FL
<input type="checkbox"/> Authorized	New York, NY 10012	<input type="checkbox"/> Authorized	New York, NY 10012
Person		Person	
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other
<input checked="" type="checkbox"/> Manager	Name: Jeffrey Weinstein	<input type="checkbox"/> Manager	Name: WB Opportunistic LLC
<input type="checkbox"/> Member	Address: 495 Broadway, 7th FL	<input checked="" type="checkbox"/> Member	Address: 495 Broadway, 7th FL
<input type="checkbox"/> Authorized	New York, NY 10012	<input type="checkbox"/> Authorized	New York, NY 10012
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.

/S/ Robert Weinstein

Signature of an authorized person

Robert Weinstein

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 "LOFTS AT LAKELAND 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 FIRST DAY OF DECEMBER, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "LOFTS AT
LAKELAND LLC" WAS FORMED ON THE THIRTIETH DAY OF NOVEMBER, A.D.
2020.

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


2020-11-11 11:11:11



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SR# 20208527682

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


Jeffrey W. Bullock, Secretary of State

Authentication: 204198544

Date: 12-01-20