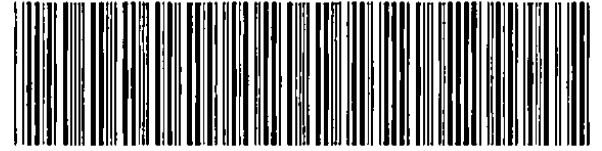


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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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S. ROBERTS

FEB - 6 2023



115 N CALHOUN ST., STE. 4
 TALLAHASSEE, FL 32301
 P: 866.625.0838
 F: 866.625.0839
 COGENCYGLOBAL.COM

Account#: 120000000088

Date: 02/03/2023

Name: Merritt Walker

Reference #: 1904817

Entity Name: WEST SHIRE VILLAGE II, LLC

Articles of Incorporation/Authorization to Transact Business

Amendment

Change of Agent

Reinstatement

Conversion

Merger

Dissolution/Withdrawal

Fictitious Name

Other CERTIFIED COPY OF THE FILING EVIDENCE

Authorized Amount: \$155

Signature: mw

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. West Shire Village 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. Ohio
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 88-4130530
(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. 629 Euclid Avenue, Suite 1300
(Street Address of Principal Office)

6. 629 Euclid Avenue, Suite 1300
(Mailing Address)

Cleveland, Ohio 44114

Cleveland, Ohio 44114

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

Name: Cogency Global Inc.

Office Address: 115 North Calhoun St. Suite 4

Tallahassee, Florida 32301
(City) (Zip code)

2023 FEB - 3 11:11:40

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/ SHANNON M. MADDOX

(Registered agent's signature)

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

Title or Capacity: **Name and Address:**

Manager Name: Ezra F. Stark

Member Address: 629 Euclid Avenue

Authorized Suite 1300

Person Cleveland, Ohio 44114

Other President Other _____

Title or Capacity: **Name and Address:**

Manager Name: Martin A. Whims, II

Member Address: 629 Euclid Avenue

Authorized Suite 1300

Person Cleveland, Ohio 44114

Other Treasurer Other _____

Manager Name: Brian Midlik

Member Address: 629 Euclid Avenue

Authorized Suite 1300

Person Cleveland, Ohio 44114

Other President Other _____

Manager Name: Sarah K. Ryzner

Member Address: 629 Euclid Avenue

Authorized Suite 1300

Person Cleveland, Ohio 44114

Other Secretary Other _____

Manager Name: _____

Member Address: _____

Authorized _____

Person _____

Other _____ Other _____

Manager Name: Jay Jesensky

Member Address: 629 Euclid Avenue

Authorized Suite 1300

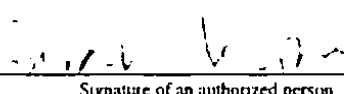
Person Cleveland, Ohio 44114

Other Authorized Representative 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

Sarah K. Ryzner

Typed or printed name of signer

UNITED STATES OF AMERICA
STATE OF OHIO
OFFICE OF THE SECRETARY OF STATE

I, Frank LaRose, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show WEST SHIRE VILLAGE II, LLC, an Ohio Limited Liability Company, Registration Number 4777798, was organized in the State of Ohio on November 22, 2021, is currently in FULL FORCE AND EFFECT upon the records of this office.



Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 2nd day of February, A.D. 2023.

A handwritten signature in cursive script, appearing to read "Frank LaRose".

Ohio Secretary of State

Validation Number: 202303302794