(Re	questor's Name)			
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(Do	cument Number)			
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				
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Office Use Only



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SECRETARY OF STATE
SECRETARY OF

OCT 0 9 2015 S. YOUNG



## CT Corporation

515 East Park Avenue Tallahassee, FL 32301 850 558 1930 tel 855 637 1628 fax www.ctcorporation.com

October 8, 2015

Secretary of State, Florida 2661 Executive Circle Center Tallahassee FL 32301

Re:

Order #: 9720073 SO

Customer Reference 1:

93786.00002

Customer Reference 2:

Dear Secretary of State, Florida:

Please obtain the following:

SPT WAH Waterford LLC (DE) Registration Florida

SPT WAH Waterford LLC (DE) Certificate of Status-Foreign Florida



Enclosed please find a check for the requisite fees. Please return document(s) to the attention of the undersigned.

If for any reason the enclosed cannot be processed upon receipt, please contact the undersigned immediately at (850) 222-1092.

Thank you very much for your help.

Sincerely,

Connie R Bryan Senior Fulfillment Specialist Connie.Bryan@wolterskluwer.com

## COVER LETTER

		ration Section on of Corporation	\$				
SUBJEC		T WAH Waterfor				·	
			Name of	Limited Liability (	Company		
			eign Limited Liability Comp d to register the above refere				
Please re	eturn all	correspondence c	oncerning this matter to the	following:			
		Jason McCoy		,			
			N	ame of Person			
		Paul Hastings I	LP				
	Firm/Company						-
		1170 Peachtree	Street N.E., Suite 100	;		<u>ان م</u> معادد	ु इत
		<del></del>		Address	•		2 9 7
		Atlanta, Georgi	а 30309				
			City/S	state and Zip Code	ı	20/ 21/1 11/1	
		MOcasio@lnrpro	operty.com			44.0 	
F <b>£</b> 41	: <i>E</i>		E-mail address: (to be use	d for future annual	report not	tification)	5
ror turu	ier iiiioi	rmation concerning	g this matter, please call:				
	Jason	McCoy		404 at (	815 <b>-2</b> 3		_
		Name o	f Contact Person	Area Code	Day	time Telephone Number	
	Division Registre P.O. B	ING ADDRESS: on of Corporations ration Section lox 6327 assee, FL 32314			Division Registrat Clifton B 2661 Exe	of Corporations ion Section Building secutive Center Circle see, FL 32301	
Enclosed		neck for the follow 5.00 Filing Fee	ing amount:  \$\Bigsim \\$130.00 \text{ Filing Fee & Certificate of Status}	□ \$155.00 Fili Certified Copy		☐ \$160.00 Filing Fee, Co of Status & Certified Co	

## 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 COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

(If name unavailable, enter al	ternate name adopted for the purpose of transacting business	s in Florida. The alternate nam	e must include "Limited
Liability Company," "L.L.C,"			
2. Delaware	of which foreign limited liability  3. N/A	(FEI number, if applicable)	
company is organized)	of which foreign limited hability	(FEI number, it applicable)	
4			_
	(Date first transacted business in Florida, if prior to (See sections 605.0904 & 605.0905, F.S. to determine	registration.) penalty liability)	•
5. c/o Starwood Property	Trust, 591 W. Putnam Avenue, Greenwich, CT 06830		
· ·		· · · · · ·	-
	(Street Address of Principal Office)	<del></del>	-
4	(onest restaurant or restauran		
6			-
c/o Starwood Property	Trust, 591 W. Putnam Avenue, Greenwich, CT 06830	) 	_
	(Mailing Address)		
<ol><li>Name and street address</li></ol>	s of Florida registered agent: (P.O. Box NOT accepta	able)	型公 香
Name:	C T Corporation System	_	
Office Address:	1200 South Pine Island Road	_	聖四百里
Office Address:	Diameter	- 22224	500 品
	Plantation (City)	, Florida 33324	- 110
Registered agent's accep		(Zip code)	
	gistered agent and to accept service of process for the		
	tion, I hereby accept the appointment as registered as ons of all statutes relative to the proper and complete		
accept the obligations of i	my position as registered agent.	· · · · · ·	
	By: C T Corporation System	2. Miarer	
	(Registered agent's signature)		Angel Shearer
8. The name, title or capa	acity and address of the person(s) who has/have author	ity to manage is/are:	Assistant Secretary
=	sident, c/o Starwood Property Trust, 591 W. Putnam A	=	830
			•
			<del> </del>
	·		
	of existence, no more than 90 days old, duly authentic of which it is organized. (If the dertificate is in a foreig		
of the translator must be s		,	
		_	
	Signature of an authorized person		<del>-</del>
This document is executed	I in accordance with section 605.0203 (1) (b), Florida S	Statutes. I am aware that any	v false information
	the Department of State constitutes a third degree felo		
	Jason McCoy		_
	Typed or printed name of signee		: :

<u>Delaware</u>

The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "SPT WAH WATERFORD 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 EIGHTH DAY OF OCTOBER, A.D. 2015.

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



5842825 8300 SR# 20150430065

Authentication: 10203764

Date: 10-08-15

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