M04000002738

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

900038081379

07/08/04--01023--025 **155.00

FILED

M04-2738

*WHITECO Industries, Inc.*

1000 east 80th place, suite 700
merrillville, indiana 46410
telephone 219-769-6601
fax 219-757-3510

July 7, 2004

Registration Section
Division of Corporations
Florida Department of State
409 East Gaines Street
Tallahassee, Florida 32399

RE: WPA - N2, LLC

Enclosed, in duplicate, is a completed Application By Foreign Limited Liability Company For Authorization To Transact Business in Florida and Certificate of Designation of Registered Agent/Registered Office with respect to WPA - N2, LLC, an Indiana limited liability company, seeking authority to transact business in Florida. In addition, enclosed is a check in the amount of $155.00 in payment of fees associated with the filing of the Application, Designation of Registered Agent, and certified copy of the filings. If these enclosures are in order and acceptable, please proceed with processing the enclosures and return the certified copy to me. As always, your attention to and cooperation in these matters are greatly appreciated.

Very truly yours,

Carol Ann Bowman
Corporate Secretary and
General Counsel

FILED

CAB:sm
Enclosures
4001:309:070104

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

*IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:*

1. WPA - N2, LLC
(Name of foreign limited liability company)

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

3. _____
( FEI number, if applicable)

4. June 8, 2004
(Date of Organization)

5. perpetual
(Duration: Year limited liability company will cease to exist or "perpetual")

6. upon the filing of this application
(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.)

7. 1000 East 80th Place, Suite 700 North
Merrillville, Indiana 46410
(Street address of principal office)

8. If limited liability company is a manager-managed company, check here [X]

9. The name and usual business addresses of the managing members or managers are as follows:

WPA Development, LLC
1000 East 80th Place, Suite 700 North
Merrillville, Indiana 46410

10. Attached is an original 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. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)

11. Nature of business or purposes to be conducted or promoted in Florida: real estate

FILED
2004 JUN 21 P 1:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

WPA Development, LLC, Manager
Signature of a member or an authorized representative of a member.
(In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Typed or printed name of signee
John M. Peterman, Manager

# CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

WPA - N2, LLC

2. The name and the Florida street address of the registered agent and office are:

C T Corporation System
(Name)

c/o C T Corporation System, 1200 South Pine Island Road
Florida street address (P.O. Box NOT ACCEPTABLE)

Plantation **FL** 33324
City/State/Zip

*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 certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..*

C T Corporation System
Jeffrey R. Graves Assistant Secretary
(Signature)

FILED
01 JUN -1 AM 12:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**$ 100.00 Filing Fee for Application**
**$ 25.00 Designation of Registered Agent**
**$ 30.00 Certified Copy (optional)**
**$ 5.00 Certificate of Status (optional)**

**STATE OF INDIANA**
**OFFICE OF THE SECRETARY OF STATE**
**CERTIFICATE OF EXISTENCE**

To Whom These Presents Come, Greetings:

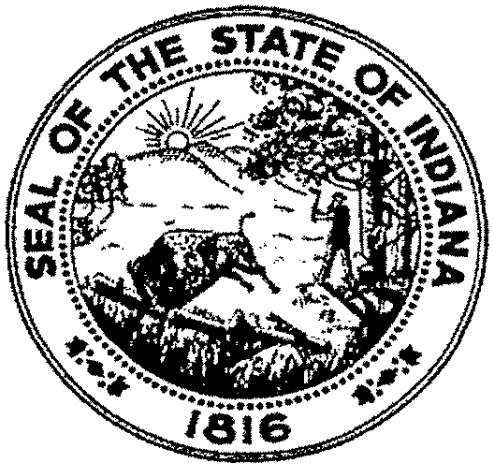
I, TODD ROKITA, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records, and proper official to execute this certificate.

I further certify that records of this office disclose that

**WPA-N2, LLC**

duly filed the requisite documents to commence business activities under the laws of State of Indiana on June 08, 2004, and was in existence or authorized to transact business in the State of Indiana on July 01, 2004.

I further certify this Domestic Limited Liability Company (LLC) has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution or expiration has been filed or taken place.




In Witness Whereof, I have hereunto set my hand and affixed the seal of the State of Indiana, at the city of Indianapolis, this First Day of July, 2004 .

Todd Rokita

TODD ROKITA, Secretary of State

2004060800267 / 2004070108009