Electronic Filing Cover Sheet

Public Access System

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H07000178047 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)205-0383

Account Name . C T CORPORATION SYSTEM

Account Number : FCA000000023

Phone : (850) 222-1092 Fax Number

: (850)878-5926

FLORIDA/FOREIGN LIMITED LIABILITY CO.

WCOT North Hills Square, LLC

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

B

Electronic Filing Menu

Corporate Filing Menu

Help

https://efile.sunbiz.org/scripts/efilcovr.exe

7/11/2007

CT CORP

8202221615

15:11 2002/11/20

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

IN COMPLIANCE WITH ERCITON BIRSON, FLORIDA STATUTES, THE FOLLOWING IS SUMMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF KLORIDA: WCOT North Hills Square, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LL.C.," or "LLC.") (If name unavailable, emicr alternate name adopted for the purpose of transacting business in Florida and attack a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C.," "LLC.") Dalastate (Jurisdiction under the last of which foreign limited liability company is organized) (FKI number, If applicable) 5. perpetual 6/26/2007 (Duration: Year limited liability company will come to "(Date of Organization) eachet or "perpetual") (Date tirst transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine ponelty liability) Arbor Circle South, 8 Compus Drive, PAMG-RE, Parsippany, NJ 07054 (Street Address of Principal Office) 8. If limited liability company is a manager-managed company, check here 🔲 9. The name and usual business addresses of the managing members or managers are as follows: The Prudential Insurance Company of America Arbor Circle South, 8 Campus Drive, PAMG-RE, Parsippany, NJ 07054 10. Attached is an original cartificate of existance, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the has of which it is organized. (A photocopy is not acceptable. If the certificate is in a fiveign language, a translation of the cartificate under each of the translator until be a firmited.) Nature of business or purposes to be conducted or promoted in Florida: rcei crteto investment p Company of America, sole Member or or an authorized representative of a member. JAMAS MEHAUSO

PAGE 02/04

Typed by printed name of signoc

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	e Limited Liability Company is:	
WCOT North Hills Sq	quare, LLC	
If name unavailabl	le, the alternate name to be used in the state of Florida is:	
2. The name and t	the Florida street address of the registered agent and office are:	07 JUL 11
	C T Corporation System	
	(Name)	AH 8: 36
	1200 South Mine Island Road	9: 36 36
•	Florida Street Address (P.O. Box NOT ACCEPTABLE)	a the second
· · · · · · · · · · · · · · · · · · ·	Plantation FL	n the ju
	City/State/Zip	
liability company as agent and agree to relating to the prop obligations of my p	d as registered agent and to accept service of process for the above so the place designated in this certificate. I hereby accept the appointm act in this capacity. I further agree to comply with the provisions of wer and complete performance of my duties, and I am familiar with a cosition as registered agent as provided for in Chapter 608, Florida S T Corporation System	nent as registered all statutes ad accept the
By: Corner	(Signature)	
	\$ 100.00 Filing Fee for Application \$ 25.00 Designation of Registered Agent \$ 30.00 Certified Copy (optional) \$ 5.00 Certificate of Status (optional)	

FL057 - 06/28/2007 C T System Colfee

1.1

I'mle and with the said

Delaware

DACE '

The First State

I, HARRIET SMITE WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "WCOT NORTH HILLS SQUARE, 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 TWENTY-SEVENTH DAY OF JUNE, A.D. 2007.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "WCOT NORTH HILLS SQUARE, LLC" WAS FORMED ON THE TWENTY-SIXTH DAY OF JUNE, A.D. 2007.

AND I DO HERBBY FURTHER CERTIFY TRAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

SECRETARY OF STATE STATE OF CORPORATIONS OF CORPORATIONS

4378890 8300 070754653



Warnet Smile Hinden

Herriet Smith Windsor, Secretary of State
AUTHENTICATION: 5796624

7201100. 5/50021

DATE: 06-27-07