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(Requestor's Name)

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(City/State/Zip/Phone #)

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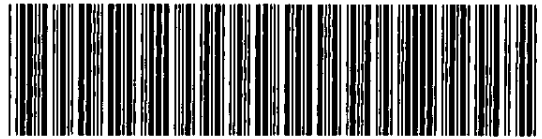
(Business Entity Name)

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M. THOMAS

NOV 24 2008

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: W5T FAMILY LIMITED LIABILITY LIMITED PARTNERSHIP
(Name of Florida Limited Partnership or Limited Liability Limited Partnership)

The enclosed Certificate of Limited Partnership and fees are submitted for filing.

Please return all correspondence concerning this matter to:

RACHEL L. TOLLEY

(Contact Person)

JONATHAN H. GREEN & ASSOCIATES, P.A.

(Firm/Company)

799 BRICKELL PLAZA, SUITE 700

(Address)

MIAMI, FLORIDA 33131

(City, State and Zip Code)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

RACHEL L. TOLLEY at (305) 372-5100
(Name of Contact Person) (Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$1,000.00 Filing Fees (\$965 Filing Fee and \$35 Registered Agent Fee) ☐ \$1,008.75 Filing Fees and Certificate of Status ☐ \$1,052.50 Filing Fees and Certified Copy ☐ \$1,061.25 Filing Fees, Certified Copy, and Certificate of Status

STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

CR2E030 (01/06)

CERTIFICATE OF LIMITED PARTNERSHIP
OF THE
WST FAMILY LIMITED LIABILITY LIMITED PARTNERSHIP

THIS CERTIFICATE is duly executed and filed pursuant to the provisions of the Florida Revised Uniform Limited Partnership Act (1986), as amended (the "Act"), in order to form a limited partnership under the Act.

(a) **Name.** The name of the subject limited partnership is the WST FAMILY LIMITED LIABILITY LIMITED PARTNERSHIP (the "Partnership").

(b) **Recordkeeping Office.** The address of the office at which the Partnership shall keep the records required to maintained under the Act is:

799 Brickell Plaza, Suite 700
Miami, Florida 33131

Registered Agent; Registered Office. The name and address of the agent for service of process on the Partnership required to be maintained under the Act are:

Jonathan H. Green & Associates, P.A.
799 Brickell Plaza, Suite 700
Miami, FL 33131

(c) **General Partner.** The names and business address of the General Partner(s) are:

TSW, LLC - *LD8-105803*

(d) **Mailing Address.** The mailing address of the Partnership is:

799 Brickell Plaza, Suite 700
Miami, Florida 33131

(e) **Term.** The latest date upon which the Partnership is to dissolve is December 31, 2058.

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- (f) **Election.** If limited partnership elects to be a limited liability limited partnership, check box ☒.

IN WITNESS WHEREOF, the general partner has duly executed this

Certificate, this 10th day of November, 2008.

WITNESSES:

Kendrick Ingram
Print name: Kendrick Ingram

Lyndal Pollard
Print name: Lyndal Pollard

T5W, LLC, as General Partner

Timothy Walton
TIMOTHY WALTON, Manager/Member

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CONSENT TO SERVE AS REGISTERED AGENT

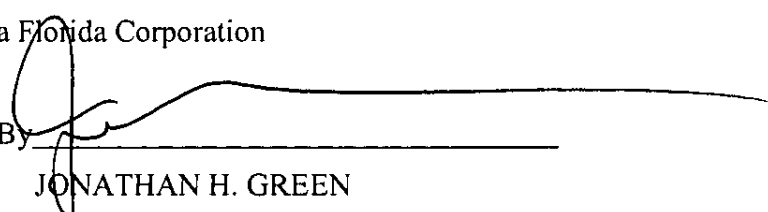
FOR THE

W5T FAMILY LIMITED LIABILITY LIMITED PARTNERSHIP

Having been appointed to serve in the State of Florida as the registered agent of, and to accept service of process for, the W5T FAMILY LIMITED LIABILITY LIMITED PARTNERSHIP, the undersigned hereby accepts said appointment and agrees to serve as said registered agent. The undersigned further agrees to comply with the provisions of all Florida statutes relative to the proper and complete performance of the undersigned's duties, and hereby acknowledges that the undersigned is familiar with and accepts the obligation of the undersigned's position as said registered agent.

Dated: November 10th, 2008.

JONATHAN H. GREEN & ASSOCIATES, P.A.
a Florida Corporation

By 

JONATHAN H. GREEN

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