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**Florida Department of State
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FLORIDA/FOREIGN LP/LLP

APF-WO-16,-LP

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

**APPLICATION BY FOREIGN LIMITED PARTNERSHIP OR
LIMITED LIABILITY LIMITED PARTNERSHIP
TO TRANSACT BUSINESS IN FLORIDA**

1. APF WO 16, LP

(Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix)
Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd.
Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P.
or LLLP.

(If name unavailable, name under which the limited partnership or limited liability limited partnership
proposes to register to transact business in Florida; must contain acceptable suffix.)

2. Delaware

(State or Country of Formation)

3. 6/27/2006

(Date of Formation)

4. CT Corporation System

(Name of Registered Agent for Service of Process)

5. 1200 South Pine Island Road

(Florida street address for Registered Agent)

Plantation, FL 33324

6. 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.

CT Corporation System

By:

Carine Bay
Signature of Registered Agent

7. 245 Park Avenue, 2nd Floor, NY1-Q223

(Principal office address)

New York, NY 10167

8. If limited partnership is a limited liability limited partnership, check box ☐

9. Same as principal office address

(Mailing address)

10. Name, principal office address, and mailing address of each general partner:

APF WO Manager LLC

(Name)

MOB-3812

245 Park Avenue, 2nd Floor, NY1-Q223

(Street Address)

New York, NY 10167

Same as principle office address

(Mailing Address)

(Name)

(Street Address)

(Mailing Address)

(Name)

(Street Address)

(Mailing Address)

(Name)

(Street Address)

(Mailing Address)

_____ (Name)	_____ (Street Address)
	_____ (Mailing Address)
_____ (Name)	_____ (Street Address)
	_____ (Mailing Address)

11. Effective date, if other than the date of filing: _____

(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

12. Attached is a certificate of existence duly authenticated, not more than 90 days prior to the delivery of this application to the Florida Department of State, by the Secretary of State or other official having custody of the entity's records in the jurisdiction under the law of which it is organized.

Signed this 28th day of June, 20 06.

Signature of a general partner:

APF WO Manager LLC, its General Partner

By: J.P. Morgan Investment Management, Inc., its sole member

Matthew C. Carbone

Name: Matthew C. Carbone
Title: Vice President

\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)
\$52.50
\$8.75

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Delaware

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "APP NO 16, LP" 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 TWELFTH DAY OF JULY, A.D. 2006.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.



4182522 8300

060660514

Harriet Smith Windsor

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 4893666

DATE: 07-12-06

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