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A LIMITED LIABILITY PARTNERSHIP

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November 18, 2003

VIA FEDERAL EXPRESS

Florida Secretary of State Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399 Attention: Expedited Services

Re: WLC Treetop, LLC

Dear Sir or Madam:

Please find enclosed the Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida, the Certificate of Designation of Registered Agent, the Certificate of Existence for the State of Georgia and the filing fees of \$125 for the above referenced entity.

Should you find everything in order, please file accordingly and return to me via Federal Express. Our Federal Express account number is as follows: 105876300. Thank you for your help in this matter and if you have any questions or comments, please do not hesitate to call me.

With best regards,

Suma William

Garna D. Miller

Enclosures GDM/psb

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:

, WLC Treetop, LLC

. WEO Heelop, LEO					
	(Name of for	reign limited liabili	y company)	· · · · · · · · · · · · · · · · · · ·	-
g Georgia		3			
(Jurisdiction under the law	of which foreign limited liabi is organized)	ility	(FEI number, if ag	pplicable)	
November 17, 200	03	5 Decem	ber 31, 2062		
(Date of Org		(Duratio	nber 31, 2062 n: Year limited liability exist or "perpetu	y company will co	ease to
Upon Qualification				,	
(Date first t	ransacted business in Florida	a. (See sections 608	.501, 608.502, and 817	7.155, F.S.	
348 Enterprise Driv	/e				03 ×
Valdosta, Georgia				HAS	2 7
	(Street ad	dress of principal o	ffice)	<u> </u>	
. If limited liability com	ipany is a manager-man	aged company, o	check here 🗹		
. The name and usual be	usiness addresses of the	managing mem	bers or managers a	re as follows:	52
John Bennett	125 N. Broad St	treet, Suite 203	3 Thomasv	ville, GA 3175	57
Steve Devane	125 N. Broad S	Street, Suite 20	3 Thomas	ville, GA 317	57
1 -					
	ARTS.				
0. Attached is an original certi	facts of criptons no many th	00 1.1 .1.1.		00 .1.17 1	
the jurisdiction under the la	w of which it is organized. (A under oath of the translator m	hotocopy is not a			
1. Nature of business or	purposes to be conduct	ed or promoted	in Florida: Real E	Estate Develo	opmen
	Garna DI.	Miller act	thouse A	Represen	tatier
Sig	mature of a member or a	an authorized ren	presentative of a me	ember.	

Typed or printed name of signee

Garna D. Miller

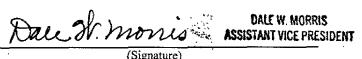
(In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

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 nai	me of the Limited Liability Company is:		
WLC Tre	eetop, LLC		
2. The nar	me and the Florida street address of the registered agent and office are:		
:	CT Corporation System	03 SECI	Ţ
i	(Name)	AGE AGE	7
!	c/o CT Corporation System, 1200 South Pine Island Road	20 SSE	Medicus January
,	Florida street address (P.O. Box NOT ACCEPTABLE)		177
1	Plantation, FL 33324	11: 52 Oktob	J
,	(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.



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

Secretary of State

Corporations Division 315 West Tower #2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530 CONTROL NUMBER : 0362493 DATE INC/AUTH/FILED: 11/17/2003 JURISDICTION : GEORGIA PRINT DATE : 11/18/2003

FORM NUMBER : 211

COLEMAN, TALLEY, NEWBERN, KURRIE, PRESTON AND HOLLA PAM BROSEMER P.O. BOX 5437 VALDOSTA, GA 31601

CERTIFICATE OF EXISTENCE

I, Cathy Cox, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that as of the above brint date

GEORGIA LIMITED LIABILITY COMPANY

is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated.

Said entity was formed in the jurisdiction Stated above or was authorized to transact business in Georgia on the above date and has not filed articles of dissolution, certificate of cancellation or any other similar document with the Office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the print date above. It does not certify whether or not a notice of intent to dissolve an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This information is electronically transmitted, issued and certified in accordance with the Georgia Electronic Records and Signatures Act and Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

20031118150702845



Cathy Cox Secretary of State