

MO4 000002138

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

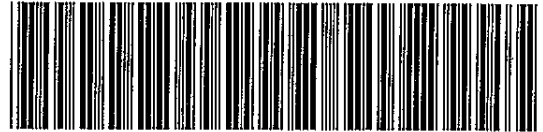
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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FILED  
JUL 12 2004  
ALABAMA  
MONTGOMERY

MO4-2138  
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**WHITECO Industries, Inc.**

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

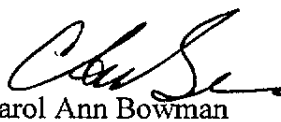
July 7, 2004

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

CAB:sm  
Enclosures  
4001:309:070104

FILED  
JUL 10 2004  
TALLAHASSEE FLORIDA

**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 3. \_\_\_\_\_  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. June 8, 2004 5. perpetual  
(Date of Organization) (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 ☒

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

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.)

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

**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)

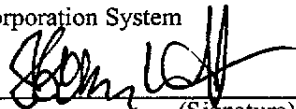
Plantation

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

  
(Signature)

Jeffrey R. Graves  
Assistant Secretary

FILED  
03/09 - 7 11:12:46  
CLERK OF THE COURT  
MILWAUKEE COUNTY, WISCONSIN

\$ 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 .

A handwritten signature in cursive script that reads "Todd Rokita".

TODD ROKITA, Secretary of State

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