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#### TRANSMITTAL LETTER

TO: Registration Section Division of Corporations
SUBJECT: Wicks-Falcon House, LLC
(Name of Limited Liability Company)
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida
Please return all correspondence concerning this matter to the following:
Amy J. Galloway, Esq.
(Name of Person)
Duke, Mullin & Galloway, P. A.
(Firm/Company)
4700 Fact Law Olse Plant PULA
1700 East Las Olas Blvd., PH-1 (Address)
(Addices)
Fort Lauderdale, FL 33301
(City/State and Zip Code)
For further information concerning this matter, please call:
To further information concerning and maner, prease can.
Amy J. Galloway at ( 954 761-7200
(Name of Person) (Area Code & Daytime Telephone Number)
STREET ADDRESS: MAILING ADDRESS:
Registration Section Registration Section
Division of Corporations Division of Corporations
409 E. Gaines Street P.O. Box 6327
Tallahassee, Florida 32399 Tallahassee, Florida 32314
Enclosed is a check for the following amount:
☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & ☐ \$155.00 Filing Fee & ☐ \$160.00 Filing Fee, Certificate  Certificate of Status Certified Copy of Status)& Certified Copy

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

IN COMPLIANCE WITH SECTION 608503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

(Name of Foreign Limit	ted Liability Company)
Delaware	3 33-1109234
(Jurisdiction under the law of which foreign limited liabil company is organized)	3. 33- //0 9234 (FEI number, if applicable)
January 14, 2005	5. Perpetual
(Date of Organization)	(Duration: Year limited liability company will cease to exist or "perpetual")
(Date first transacted business in (See sections 608.501 & 608.502	n Florida, if prior to registration.) F.S. to determine penalty liability)
645 James Lee Road	The to communicate point of manning)
	51
Fort Walton Beach, FL	205
(Street Addi	ress of Principal Office)
If limited liability company is a manager-mana,	ged company, check here
ar arming of the party to a manager manager	• • •
The name and usual business addresses of the n	nanaging members or managers are as follows:
Sidney Wicks, Member-Manager	nanaging members or managers are as tohows:
Sidney Wicks, Member-Manager	
c/o Floyd Cook, CPA, 433 N. Camden Drive	
Beverly Hills, CA 90210	
	90 days old, duly authenticated by the official having custody of record
jurisdiction under the law of which it is organized. (A photo islation of the certificate under eath of the translator must be:	ocopy is not acceptable. If the certificate is in a foreign language, a submitted.)
. Nature of business or purposes to be conducted	d or promoted in Florida: Ownership and operation of a
single commercial real property asset located at 645 James Lee I	Road, Fort Walton Beach, FL, and all other lawful business
	authorized representative of a member.
(In accordance with section 608,408() an affirmation under the penalties of	3), F.S., the execution of this document constitutes perjury that the facts stated herein are true.)
Sidney Wicks	δ <sub>2</sub> / \ /X \ Z

Typed or printed same of signed

## 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.

The name of the Limited Liability Company is:  Wicks-Falcon House, LLC				
2. The name	and the Florida street address of the registered agent and of	fice are:		<u> </u>
	Amy J. Galloway, Esq.			
	(Name)		-	-u - <del>*</del>
	1700 East Las Olas Blvd., PH-1			
	Florida Street Address (P.O. Box NOT ACCEPTABLE)	)`	٠,	
	Fort Lauderdale FL 33301			-
	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, Florida Statutes.

My (). Wa // (Signature)

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



PAGE

#### The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "WICKS-FALCON HOUSE, 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 FOURTEENTH DAY OF JANUARY, A.D. 2005.



Darriet Smith Hindson
Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 3619857

DATE: 01-14-05

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