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SECRETARY OF STATE OR

## TRANSMITTAL LETTER

TO: Registration Section Division of Corporations	
SUBJECT: WDC/HLP Cortez LLC	<u> </u>
(Name of Lin	mited Liability Company)
	iability Company for Authorization to Transact Business in submitted to register the above referenced foreign limited.
Please return all correspondence concerning this	matter to the following:
ANDREW C. TESKE	
(N	Jame of Person)
MLG COMMERCIAL LLC	
(F	Firm/Company)
13400 BISHOPS LANE SUITE 100	
	(Address)
BROOKFIELD WI 53005	17AC
(City/S	State and Zip Code)
For further information concerning this matter, pl	Eo Eo
NANCY PFEIFER	at (262 ) 797-9400
(Name of Person)	(Area Code & Daytime Telephone Number)
STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines Street	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327
Tallahassee, Florida 32399	Tallahassee, Florida 32314
Enclosed is a check for the following amount:	
<b>☑</b> \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate o	

## 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:

WDC/HLP CORTEZ LLC (Name of Foreign Limited	Lia	ability Company)				
WISCONSIN	_	39-1839712				
(Jurisdiction under the law of which foreign limited liability company is organized)	3.	( FEI number, if applicable)				
JANUARY 16, 1996	5.	DECEMBER 31, 2026				
(Date of Organization)		(Duration: Year limited liability company will cease to exist or "perpetual")				
DATE OF REGISTRATION						
(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)						
13400 BISHOPS LANE SUITE 100						
BROOKFIELD WI 53005						
(Street Addres	s of	Principal Office)				
If limited liability company is a manager-manage	dс	ompany, check here				
The name and usual business addresses of the ma	nag	ging members or managers are as follows:				
WISCONSIN DEVELOPMENT CORP.		7100S				
13400 BISHOPS LANE SUITE 100		APR APR				
BROOKFIELD WI 53005	-	SE O T				
<ol> <li>Attached is an original certificate of existence, no more than 90 ejurisdiction under the law of which it is organized. (A photocomulation of the certificate under oath of the translator must be suf-</li> </ol>	рyi					
. Nature of business or purposes to be conducted of	or p	promoted in Florida: REAL ESTATE				
Tom						
		orized representative of a member. , the execution of this document constitutes				
an affirmation under the penalties of per						

MICHAEL S. ZIMMER, VICE PRESIDENT

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:									
w	WDC/HLP CORTEZ LLC									
2.	The name and the Florida street address of the registered agent and office are:									
	SUSAN FLEMING BENNETT (Name)									
	401 E. Jackson Street, Suite 2200.  Florida Street Address (P.O. Box NOT ACCEPTABLE)		<u>.</u>							
	TAMPA FL 33602 City/State/Zip									
lid ag re.	Taving been named as registered agent and to accept service of process for the above stability company at the place designated in this certificate, I hereby accept the appointment and agree to act in this capacity. I further agree to comply with the provisions of all all and familiar with a politications of my position as registered agent as provided for in Chapter 608, Florida Stability and Lemma Designations of my position as registered agent as provided for in Chapter 608, Florida Stability and Lemma Designations of my position as registered agent as provided for in Chapter 608, Florida Stability and Lemma Designations of my position as registered agent as provided for in Chapter 608, Florida Stability and Lemma Designations of my position as registered agent as provided for in Chapter 608, Florida Stability and Lemma Designations of my position as registered agent as provided for in Chapter 608, Florida Stability and Lemma Designations of my position as registered agent as provided for in Chapter 608, Florida Stability and Lemma Designations of my position as registered agent as provided for in Chapter 608, Florida Stability and Lemma Designations of my position as registered agent as provided for in Chapter 608, Florida Stability and Lemma Designations of my position as registered agent as provided for in Chapter 608, Florida Stability and Lemma Designations and Lemma Designations are provided for in Chapter 608, Florida Stability and Lemma Designations and Lemma Designations are provided for in Chapter 608, Florida Stability and Lemma Designations are provided for in Chapter 608, Florida Stability and Lemma Designations are provided for in Chapter 608, Florida Stability and Lemma Designations are provided for in Chapter 608, Florida Stability and Lemma Designations are provided for in Chapter 608, Florida Stability and Lemma Designations are provided for in Chapter 608, Florida Stability and Lemma Designations are provided for in Chapter 608, Florida Stability and Lemma Designations are provided for in Ch	ent as re ill statut d accept	egistered es							

Filing Fee for Application

\$ 30.00 Certified Copy (optional) \$ 5.00 Certificate of Status (optional)

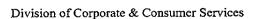
Designation of Registered Agent

\$ 100.00

\$ 25.00

## United States of America State of Wisconsin

#### DEPARTMENT OF FINANCIAL INSTITUTIONS





To All to Whom These Presents Shall Come, Greeting:

I, RAY ALLEN, Deputy Administrator, Division of Corporate & Consumer Services, Department of Financial Institutions, do hereby certify that

#### WDC/HLP CORTEZ LLC

is a domestic corporation or a domestic limited liability company organized under the laws of this state and that its date of incorporation or organization is January 11, 1996.

I further certify that said corporation or limited liability company has, within its most recently completed report year, filed an annual report required under ss. 180.1622, 180.1921, 181.1622 or 183.0120 Wis. Stats., and that it has not filed articles of dissolution.



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the official seal of the Department on April 1, 2005.

RAY ALLEN, Deputy Administrator
Division Of Corporate & Consumer Services
Department of Financial Institutions

Effective July 1, 1996, the Department of Financial Institutions assumed the functions previously performed by the Corporations Division of the Secretary of State and is the successor custodian of corporate records formerly held by the

DFI/Corp/33

Secretary of State.

## To validate the authenticity of this certificate

Visit this web address: http://www.wdfi.org/apps/ccs/verify/

Enter this code:

11867-EA79C998