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(Reques	stor's Name)
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(City/Sta	ite/Zip/Phone #)
- PICK-UP	WAIT MAIL
(Busine	ss Entity Name)
(Docum	ent Number)
Certified Copies	Certificates of Status
Special Instructions to Filing	g Officer:
M. M.	
1	
// 0	ffice Use Only



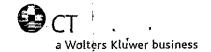
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04/18/06--01026--018 **125.00

04/18/06--01026--019 **30.00

04/18/06--01026--020 **5.00 _





CT 1203 Governors Square Blvd. Tallahassee, FL 32301-2960 850 222 1092 tel 850 222 7615 fax www.ctlegalsolutions.com

April 18, 2006

Department of State, Florida Clifton Building 2611 Executive Center Circle Tallahassee FL 32301 TALLARY OF STATES

Re: Order #: 6619622 SO

Customer Reference 1: 6626-001

Customer Reference 2:

Dear Department of State, Florida:

Please obtain the following:

iWala Property Management, L.L.C. (MO) Registration Florida

iWala Property Management, L.L.C. (MO) Certificate of Status-Foreign Florida

iWala Property Management, L.L.C. (MO)

Cert Copy of Application for Authority-Foreign Florida



Enclosed please find a check for the requisite fees. Please return document(s) to the attention of the undersigned.

If for any reason the enclosed cannot be processed upon receipt, please contact the undersigned immediately at (850) 222-1092. Thank you very much for your help.

COY	VER.	LEC	TTER

TO: Registration Section Division of Corporations SUBJECT: Wala Property Management, L.L.C. (Name of Limited Liability Company)	A .			
TO: Registration Section				
Division of Corporations				
	'Ö			
SUBJECT: iWala Property Management, L.L.C.				
(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:				
Dawn M. Humphreys, Corporate Paralegal				
(Name of Person)				
Helfrey, Simon & Jones, P.C.	alų.			
(Firm/Company)				
120 S. Central Ave., Ste. 1500				
(Address)				
St. Louis, MO 63105	<u></u>			
(City/State and Zip Code)				
For further information concerning this matter, please call:				
Dawn M. Humphreys at (314) 725-9100 x 148				
(Name of Person) (Area Code & Daytime Telephone Number)				
MAILING ADDRESS: STREET ADDRESS:				
Division of Corporations Division of Corporations				
P.O. Box 6327 Clifton Building				
Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301				
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	v			

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 LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

	1			
1	. iWala	Property Management, L.L.C.		
		(Name of Foreign Limited	Li	ability Company)
2.	Misso	uri	3	20-3124350
		ction under the law of which foreign limited liability y is organized)	•	20-3124350 (FEI number, if applicable)
4	. July	11, 2005	5.	polyouan gran
		(Date of Organization)		(Duration: Year limited liability company will cease to exist or "perpetual")
6	upon	registration		19E 0
		(Date first transacted business in f (See sections 608.501 & 608.502 F.	lor S. t	ida, if prior to registration
7	. 158	Seventh Avenue South		
	New	York, NY 10014		
		(Street Addres	s o	f Principal Office)
8	. If lim	ited liability company is a manager-manage	d c	company, check here
9	. The r	ame and usual business addresses of the ma	na	ging members or managers are as follows:
	Atit f	VI. Jariwala		
	158	Seventh Avenue South		
	New	York, NY 10014		
		r (
				rys old, duly authenticated by the official having custody of records in
				is not acceptable. If the certificate is in a foreign language, a
ir.	anslauon	of the certificate under oath of the translator must be su	om	med.)
1	1. Nati	ire of business or purposes to be conducted	or	promoted in Florida: hotel/motel management & any
	& all	legal purposes for which an LLC may be	or	ganized under the Florida Limited Liability Act
		CHATRO		,
		Signature of a member or an a	utl	norized representative of a member.
			F.S	the execution of this document constitutes
		Atit M. Jariwala, Manager &		
		Typed or printe		

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:				
i۷	Vala Property Management, L.L.C.				
2.	The name and the Florida street address of the registered agent and office are:				
	Atit M. Jariwala				
(Name)					
	626 Lee Road				
	Florida Street Address (P.O. Box NOT ACCEPTABLE)				
	Orlando, FL 32810	,			
	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.

(Signature)

\$ 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 MISSOURI



Robin Carnahan Secretary of State

CORPORATION DIVISION CERTIFICATE OF GOOD STANDING

I, ROBIN CARNAHAN, Secretary of the State of Missouri, do hereby certify that the records in my office and in my care and custody reveal that

IWALA PROPERTY MANAGEMENT, L.L.C. LC0671316

was created under the laws of this State on the 11th day of July, 2005, and is in good standing, having fully complied with all requirements of this office.

IN TESTIMONY WHEREOF, I have set my hand and imprinted the GREAT SEAL of the State of Missouri, on this, the 14th day of April, 2006

n Camahan

Secretary of State

Certification Number: 8603863-1 Reference: 6626-001
Verify this certificate online at http://www.sos.mo.gov/businessentity/verification