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Division of Corporations

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From:

: INCORPORATING SERVICES FL Account Name

Account Number : 120050000052 Phone (302)531-0855 : (866)223-0765 Fax Number

## FLORIDA/FOREIGN LIMITED LIABILITY CO.

Wilton Manors (Wilton Manors) HA, LLC

Certificate of Status	0
Certified Copy	1
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Estimated Charge	\$155.00

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

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

٠	1. Wilton Manors (Wilton Manors) HA, (Name of Foreign Limited Liability Company; must include "Liability Company; must include "Liability Company."	LLC mited Liability Company," "L.L.C.,	"of "LLC.")
:•	(If name unavailable, enter alternate name adopted for the purpose of tree consent of the managers or managing members adopting the alternate in Company," "L.L.C.," "LLC.")	ansacting business in Florids and at sme. The alternate name must inclu	tach a copy of the written de "Limited Liability
4	Delaware Company of Activities 28	6-1171002 <u>44 (</u>	
	(Jurisdiction under the law of which foreign limited liability company is organized)	(FEI number, if applical	le) , which is a
	4. October 1, 2007 s. P	erpetual	
o form the se a long test of	in fill of the first of the fill of the state of the stat	Purstion: Year limited liability compaint or "perpetual")	with an interpret
eratar uni eri	(Date first transacted business in Florida, i (See sections 608.501 & 608.502 F.S. to det	f prior to registration.) simme penalty liability)	9
	7. 8816 Six Forks Road, Suite 201		
	Raleigh, NC 27615	1 <b>3</b> .	
ूर्ड इंड	(Street Address of Priz	ncipal Office)	
<b>,</b>	8. If limited liability company is a manager-managed comp	pany, check here	AH 10:
	9. The name and usual business addresses of the managing	members or managers are as	
	Stanley Werb		
	8816 Six Forks Road, Suite 201		
	Raleigh, NC 27615		<del></del>
	10. Attached is an original certificate of existence, no more than 90 days of the jurisdiction under the law of which it is organized. (A photocopy is no translation of the certificate under oath of the translator must be submitted.)	tacceptable. If the certificate is in a f )	oreign language, a
	11. Nature of business or purposes to be conducted or pro-	moted in Florida: Real E	state
	<u> </u>	· ·	·
	Pilewin	D1 2-0	
	Signature of a member or an authori	zed representative of a memb	<del>-</del> झ.

an affirmation under the ponalties of perjury that the facts stated herein are true.) Eileen A. Casey, Authorized Representative Typed or printed name of signee

Land Carlotte State States of Control

1. The name of the Limited Liability Company is:

### 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.

T. C. I	f name unavailable, the alternat	e alternate name to be used in the state of Florida is:		
VIIINA TA	and what is a second		a – Greek Sintarianan	
		in the term	of the stopping of the state of	
rijand gradije vil <b>2</b> Viji	The name and the Florida str		agent and office are:	
#4 <i>9</i> 	Incorporat	ting Services, Ltd		
	Property of	(Name)	¥ 25°	
111	1540 Gler	nway Drive		
•	Flori	ida Street Address (P.O. Box NC	T ACCEPTABLE)	

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,

City/State/Zip

Tailahassee 32301

\$ 100.00 Filing Fee for Application \$ 25.00 Designation of Registered Agent \$ 30.00 Certified Copy (optional) 5,00 Certificate of Status (optional)

# Delaware

PAGE 1

# The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "WILTON MANORS (WILTON MANORS) HA,

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 THIRD DAY OF OCTOBER,

A.D. 2007.

AND I DO HERBY FURTHER CERTIFY THAT THE SAID WILTON MANORS

(WILTON MANORS) HA, LLC" WAS FORMED ON THE FIRST DAY OF OCTOBER,

A.D. 2007.

AND I DO BEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE

4432391 8300 071080879



Warriet Smith Windson, Secretary of State

AUTHENTICATION: 6047191

DATE: 10-03-07