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EXAMINER

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SECRETARY OF STATE
FALLAHASSEF, FI OBIN



ACCOUNT NO. : 072100000032 REFERENCE : 397700 4372680 AUTHORIZATION COST LIMIT ORDER DATE: January 11, 2008 ORDER TIME : 1:21 PM ORDER NO. : 397700-005 CUSTOMER NO: 4372680 FOREIGN FILINGS NAME: WEX MEDLEY, LLC XXXX QUALIFICATION (TYPE: <u>LL</u>) PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: XX____ PLAIN STAMPED COPY

EXAMINER:

CONTACT PERSON: Heather Chapman -- EXT# 2908

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

IN COMPILANCE WITH SECTION 608563, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. <u> </u>	WEX Medley, LLC (Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," or "LLC.")
con	name unavailable, enter afternate name adopted for the purpose of transacting business in Florida and attach a copy of the written sent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability apany," "L.L.C.," "LLC.")
2. [Delaware 3. Utrisdiction under the law of which foreign limited liability (FEI number, if applicable) on pany is organized)
₫,	January 9, 2008 (Date of Organization) 5. perpetual (Duration: Year limited liability company will cease to exist or "perpetual")
6.	(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)
7.	301 S. College St., 10th Floor
	Charlotte, NC 28288 (Street Address of Principal Office) If limited liability company is a manager-managed company, check here The name and usual business addresses of the managing members or managers are as follows:
	(Siteel 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:
	Wachovia Development Corporation
	301 South College Street, 10th Floor
	Charlotte, NC 28288
the	Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in insidiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a station of the certificate under cath of the translator must be submitted.)
11.	Nature of business or purposes to be conducted or promoted in Florida: To engage in any
	lawful act or activity under the laws of the state of Florida, including real estate
	Signature of a member or an authorized representative of a member.
	(In accordance with Section 608 ab8(3), F.S., the execution of this document constitutes on affirmation under the penalties of perjury that the facts stated herein are true.)
	Derrick M. Tharpe

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.

i. The name o	the Limited Liability Company is:
WEX Medi	ey, LLC
If name unavai	lable, the alternate name to be used in the state of Florida is:
2. The name a	nd the Florida street address of the registered agent and office are:
	Corporation Service Company
	(Name)
	1201 Hays Street
	Florida Street Address (P.O. Box NOT ACCEPTABLE)
	Tallahassee FL
	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 stanues 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.

Elizabeth R. Konieczny, Asst VP

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

S 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

Delaware

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The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "WEX MEDLEY, 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 ELEVENTH DAY OF JANUARY, A.D. 2008.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "WEX MEDLEY, LLC" WAS FORMED ON THE NINTH DAY OF JANUARY, A.D. 2008.

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Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 6304328

DATE: 01-11-08

You may verify this certificate online at corp.delaware.gov/authver.shtml