M08000000504

		•
(Re	equestor's Name)	
(Ad	dress)	
		•
(Ad	dress)	
	,	
/C:	u/Chata /Zin/Dhan	
(Cit	y/State/Zip/Phone	9 #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(34	omoso Emily Har	110)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer	
Special instructions to	Filing Officer.	
		·





600116312436

01/30/08--01030--020 **25.00



M. Thomas JAN 3 1 2008

COVER LETTER

_	on of Corporations	
SUBJECT: _	WREI HOLDING	
	(Name of)	Limited Liability Company)
Florida," Cert		Liability Company for Authorization to Transact Business in e submitted to register the above referenced foreign limited a
Please return	all correspondence concerning th	is matter to the following:
	PETER WINS	70J
		(Name of Person)
	WREI HOLOIN	vas LLC
		(Firm/Company)
	4550 TAM O.	(Firm/Company) THEN DRIVE
		(Address)
		GE CA 91362
	(City	//State and Zip Code)
For further inf	formation concerning this matter,	please call:
<u> </u>	(Name of Person)	at (310) 7/4-3/95 (Area Code & Daytime Telephone Number)
Divisio P.O. B	ING ADDRESS: on of Corporations ox 6327 assee, FL 32314	STREET ADDRESS: Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301
	check for the following amount: .00 Filing Fee \$130.00 Filing Fee Certificat	: & □\$155.00 Filing Fee & □\$160.00 Filing Fee, Certificate e of Status Certified Copy of Status & Certified Copy

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

TI EN / LIMBIL	Y COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:
	(Name of Foreign Limited Liability Company)
A	
/V	der the law of which foreign limited liability 3. (FEI number, if applicable)
ompany is o	nized)
14	C 16 2006 5. PER PETURE Date of Organization) (Duration: Year limited liability company will cease to
<u>SJ 999</u>	C 16, 2006 Date of Organization) 5. PER PETUAL (Duration: Year limited liability company will cease to exist or "perpetual")
	briss of perpendict y
	(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)
	(See sections 608.501 & 608.502 F.S. to determine penalty liability)
455	Tam Oshanter Srive Lake Village (A 91362 Street Address of Principal Office) Company is a manager-managed company, check here Company is a manager of the managing members or managers are as follows:
11)00	Le VR VILLEGO CA QUELO
wes	La Ke Village (A 91362) (Street Address of Principal Office) (Street Address of Principal Office)
v. 44	mo H
If limited l	bility company is a manager-managed company, check here
The name	d usual business addresses of the managing members or managers are as follows:
_	**************************************
الا	a WINSTON 4550 TAM OSNANTER DANK WESTLANE VILLAGE, CA
A 44 a 3 '	12 1 26 4 6 1 4 4 6 4 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
Allacheo 18 a	niginal certificate of existence, no more than 90 days old, duly authenticated by the official having custody of reco or the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a
	trificate under eath of the translator must be submitted.)
	,
Nature of	usiness or purposes to be conducted or promoted in Florida:
	, <u> </u>
IN KE	1 Estate
	Signature of a member or an authorized representative of a member.
	(In accordance with section 608.408(3), F.S., the execution of this document constitutes
	(In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)
	(In accordance with section 608.408(3), F.S., the execution of this document constitutes

APR-16-2007 13:44

P.05

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 POLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:	08
WREI HOLDINGS LLC	AL ALL SECRETA
2. The name and the Florida street address of the registered agent and office are:	93.50 M
GREGE WINSTON	PH 12: 22
(Name)	語や
285 ARBOR DRIVE EAST	7
Florida Street Address (P.O. Box NOT ACCEPTABLE)	
PALM HARBOR FL 34683	
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 Cartified Copy (optional)

\$ 5.00 Certificate of Status (optional)

SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, ROSS MILLER, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **WREI HOLDINGS**, **LLC**, as a limited liability company duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since June 13, 2006, and is in good standing in this state.

By

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on November 14, 2007.

ROSS MILLER Secretary of State

Certification Clerk

