

Florida Department of State

Division of Corporations Public Access System

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Division of Corporations

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FLORIDA/FOREIGN LIMITED LIABILITY CO.

Cole WG Homestead FL, LLC

| Certificate of Status | 1 | |
|-----------------------|----------|--|
| Certified Copy | 0 | |
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5/8/2008

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

IN COMPLIANCE WITH SECTION 608JUB, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

| J. Cols WG Home | | |
|---|---|--|
| (Name of Fo | reign Limited Liability Company; must include | e "Limited Liability Company," "L.L.C.," or "LLC.") |
| consent of the mana Company," "L.L.C., | igers or managing members adopting the altern | of transacting business in Florida and attach a copy of the written ato zame. The alternate name must include "Limited Liability |
| 2. Delaware | 2 | |
| (Jurisdiction unde | er the law of which foreign limited liability uzed) | (FEI number, if applicable) |
| 4. 05/01/2008 | | perpetual |
| <u></u> | ate of Organization) | (Duration: Year limited liability company will censeus exist or "perpetual") |
| 6 | (Date first transacted husiness in Flori (See sections 608.501 & 608.502 F.S. to sack Road, Suite 400 | ida, if prior to registration.) o determine penalty liability) ASS SS S |
| <i>1.</i> | | |
| Phoenix, AZ 85 | | من من المناس |
| | (Street Address of | ompany, check here |
| 8. If limited liab | ility company is a manager-managed c | ompany, check here |
| 9. The name and | i usual business addresses of the manag | ging members or managers are as follows: |
| Cole REIT Adv | risors II, LLC, 2555 B. Camelback Rd., Suite 4 | .00, Phoenix, AZ 85016 |
| | | |
| | | |
| the jurisdiction unde | | nys old, duly surfuenticated by the official having oustody of records in is not acceptable. If the certificate is in a foreign language, a ited.) |
| 11. Nature of bu | isiness or purposes to be conducted or p | promoted in Florida: Any lowful business |
| | | |
| | | |
| | | norized representative of a member in the execution of this document constitutes by that the facts stated berein are true.) |
| | Todd J. Weiss, Authorized Person | |
| | Typed or printed | name of signee |

FLIST - IM/SWAMOO C'T System Online

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 Cole WG Homesta | the Limited Liability Com | pany is: | | | |
|--|--|--|---|---|--|
| If name unavail | able, the alternate name to | be used in the s | tate of Florida is: | | |
| 2. The name an | nd the Florida street address | s of the register | ed agent and office are: | OB HAY SECRE TALLAH | |
| | С | T Corporation Sys | tem. | HAS | |
| | | (Naune) | | 8 AM ARY OF (SSEE | |
| | 1200 South Pine Island Road | | | | |
| | Florida Street Ad | STATI STATI | | | |
| | | | | | |
| | Plantation | FL | 33324 | | |
| | | City/State/2 | ip | | |
| liability compan agent and agree relating to the p | med as registered agent and y at the place designated in to act in this capacity. I fur roper and complete perform y position as registered age CT Corporation System (Signature) | this certificate, rther agree to co rance of my duti | I hereby accept the appoil omply with the provisions t es, and I am familiar with | ntment as registered of all statutes and accept the | |
| | \$ 100.0 \$ 25.0 \$ 30.0 \$ 5.0 | 0 Designation 0 Certified C | or Application of Registered Agent opy (optional) of Status (optional) | | |

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Delaware

PAGE

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "COLE WG HOMESTEAD FL, 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 FIRST DAY OF MAY, A.D. 2008.

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

A5A1717 A300

080403743

You may verify this certificate childs

Warriet Smile Hinder

Herriet Smith Windsor, Secretary of State

AUTHENTICATION: 6562056

DATE: 05-01-08