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To:

Division of Corporations

Fax Number

: (850)617-6383

Account Name

: TRIAD PROFESSIONAL SERVICES, LLC

Account Number : 120020000094 Phone

(770)777-2091

Fax Number

(770)220-1943

LORIDA/FOREIGN LIMITED LIABILITY CO.

W.I.P. 103, LLC

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### **COVER LETTER**

	stration Section sion of Corporations				
SUBJECT:	W.I.P. 103, LLC				
	(Name of	Limited Liability Company)			
Florida," Ce		d Liability Company for Authorization to Transact Business in re submitted to register the above referenced foreign limited da			
Please return	all correspondence concerning the	nis matter to the following:			
	Sharon K. Gray				
•		(Name of Person)			
	Triad Professional Services, LLC				
		(Firm/Company)			
	2050 Marconi Drive, Suite 150				
		(Address)			
	Alpharetta, GA 30005				
	(Cit	y/State and Zip Code)			
For further in	nformation concerning this matter	, please call:			
Sharo	on K. Gray	at (770 ) 777-2091			
	(Name of Person)	(Area Code & Daytime Telephone Number)			
MAL	LING ADDRESS:	STREET ADDRESS:			
Division of Corporations		Division of Corporations			
	Box 6327	Clifton Building			
Tallal	hassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301			
	check for the following amount: 5.00 Filing Fee State Certifical	e & S155.00 Filing Fee & S160.00 Filing Fee, Certificate te of Status & Certified Copy of Status & Certified Copy			

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

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

l.	W.I.P. 103, LLC  (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.,"	or "LLC	<b>;:")</b>	<del>-</del>
ca	f name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attended of the managers or managing members adopting the alternate name. The alternate name must include ompany," "L.L.C.," "LLC.")	ich a cop e "Limit	oy of the	 written lity
	Delaware  (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable company is organized)	<del>b)</del>	<u> </u>	-
4.	10/31/2005  (Date of Organization)  5. Perpetual  (Duration: Year limited liability comparation or "perpetual")	ny will c	ease to	_
6.	(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)			<del>-</del>
7.	Washington, DC 20008  (Street Address of Principal Office)			<del>-</del>
	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 for	illowe:		
٠.	F. Davis Camalier			-
	1629 K Street NW, Suite 1200  Washington, DC 20006			•
the	Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official have jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a fore relation of the certificate under oath of the translator must be submitted.)	ing custo ign langu	12000, 8	oords in
11	. Nature of business or purposes to be conducted or promoted in Florida:			
	Real estate development.	ASSEE,	<u>· 12</u>	
	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 an affirmation under the penalties of perjury that the facts stated herein are true.)	F STATE	AH 10: 30	
	F. Davis Camaller  Typed or printed name of signes	31-	0	

## 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 Liab	ility Comp	pany is:	
W.I.P. 103, LI	LC			
If name unav	ailable, the alternate	name to b	se used in the state of Florida is:	
2. The name	and the Florida stre	et address	of the registered agent and office are:	
	NRAI Services, In	1G.	,	_
			(Name)	-
	2731 Executive Park Drive, Suite 4			<del>-</del> .
	Florid	ia Street Add	iress (P.O. Box <u>NOT</u> acceptable)	
	Weston		PT_ 39331	<del>-</del>
			City/State/Zip	
liability comp agent and agr relating to the obligations of NRAI Services By:	any at the place designee to act in this capa ree to act in this capa represent proper and complete	gnated in the city. I further performantered general	to accept service of process for the above s his certificate, I hereby accept the appoints her agree to comply with the provisions of ince of my duties, and I am familiar with a t as provided for in Chapter 608, Florida S	ment as registered all statute <mark>s</mark> nd accept the
		\$ 100.00	Filing Fee for Application	
		\$ 25.00 \$ 30.00	Designation of Registered Agent Certified Copy (optional)	
		\$ 5.00	Certificate of Status (optional)	

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# Delaware

### The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "W.I.P. 103, 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 TWENTY-FOURTH DAY OF JUNE, A.D. 2008.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "W.I.P. 103, LLC" WAS FORMED ON THE THIRTY-FIRST DAY OF OCTOBER, A.D. 2005.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

080721693



DATE: 06-24-08