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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: W.A.CO. SANTA ANA, LLC	
(Name of L	imited Liability Company)
	submitted to register the above referenced foreign limited
Please return all correspondence concerning this	s matter to the following:
Carla L. Sevenste	(Name of Limited Liability Company) Discation by Foreign Limited Liability Company for Authorization to Transact Business in the of Existence, and check are submitted to register the above referenced foreign limited to transact business in Florida Discreption of Person of Person of Person of City/State and Zip Code) ADDRESS: STREET ADDRESS: City/State and Liability Company for Authorization to Transact Business in the end of Person of Person of Corporations of Corporations of Corporations of Citfon Building and the following: Carla L. Sevenster
	Name of Person)
Gordon Thomas I	Honeyweil et al.
(Firm/Company)
1201 Pacific Aver	nue, Suite 2100
	(Address)
Tacoma, WA 984	02
(City)	State and Zip Code)
For further information concerning this matter, p	please call:
Carla L. Sevenster	at (253) 620-6518
(Name of Person)	(Area Code & Daytime Telephone Number)
MAILING ADDRESS:	STREET ADDRESS:
Division of Corporations	· · · · · · · · · · · · · · · · · · ·
P.O. Box 6327	
Tallahassee, FL 32314	Tallahassee, FL 32301
Enclosed is a check for the following amount: \$125.00 Filing Fee \$130.00 Filing Fee Certificate	

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:

1. W.A.CO. SANTA ANA, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or			
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or	"LLC.")		
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attact consent of the managers or managing members adopting the alternate name. The alternate name must include a Company," "L.L.C.," "LLC.") 2. State of Washington (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable)	"Limited Lie	ability	
company is organized)			
4. September 14, 2001 (Date of Organization) 5. Perpetual (Duration: Year limited liability company exist or "perpetual")	will cease	to	
6. July 2008 (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)			
7. 600 University Street, Suite 2100			
Seattle, WA 98101 (Street Address of Principal Office)			
(Street Address of Principal Office)			
8. If limited liability company is a manager-managed company, check here X			
9. The name and usual business addresses of the managing members or managers are as follows:	lows:		
Stephen L. Anderson, 600 University St., Ste 2100, Seattle, WA 98101			
B. Alan Wiley, 600 University St., Suite 2100, Seattle, WA 98101			
10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign translation of the certificate under eath of the translator must be submitted.)			ds in
11. Nature of business or purposes to be conducted or promoted in Florida: Own real pro-	perty		
	<u> </u>	8	
Stephen & Cenderson		AUG	71
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.)	35.50	3 -8 AM	
STEPHEN L. ANDERSON	141 ³⁰ 1	 છ	
Typed or printed name of signee	<i>نس</i> بسا	• •	

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.

If name unavailable,	the alternate name to be	e used in the state of Florida is:	
2. The name and the	Florida street address o	of the registered agent and office are:	
	CT Corporation	· · · · · · · · · · · · · · · · · · ·	
		(Name)	
	1200 S. Pine Isla	and Road	
	Florida Street Addr	ress (P.O. Box <u>NOT</u> ACCEPTABLE)	
	Plantation	FL 33324	

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.

Liezel Barraca, Assistant Secretary CT Corporation System
(Signature)

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

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Secretary of State

1, SAM REED, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

CERTIFICATE OF EXISTENCE/AUTHORIZATION **OF**

W.A.CO. SANTA ANA, LLC

I FURTHER CERTIFY that the records on file in this office show that the above named Limited Liability Company was formed under the laws of the State of WA and was issued a Certificate Of Formation in Washington on 9/14/2001.

I FURTHER CERTIFY that as of the date of this certificate, W.A.CO. SANTA ANA, LLC remains active and has complied with the filing requirements of this office.

Date: July 25, 2008

UBI: 602-148-873

Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

· YHY

Sam Reed, Secretary of State