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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : GREENBERG TRAURIG (ORLANDO)

Account Number: 103731001374 Phone : (407)418-2435 Fax Number : (407)420-5909

ORIDA/FOREIGN LIMITED LIABILITY CO. 500 WS Owner LLC

Certificate of Status	1
Certified Copy	1
Page Count	03
Estimated Charge	\$160.00

J. BRYAN

EXAMINER

Electronic Filing Menu

Corporate Filing Menu

Help

FROM	, f w		NO.
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Dec. 08 2008 04:10PM P2

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. 500 WS Owner LLC	
(Name of foreign lim	ited liability company)
Delaware (Jurisdiction under the law of which foreign limited liability company is organized)	3. Applied For (FEI number, if applicable)
4. December 4, 2008 (Date of Organization)	5. Perpetual (Duration: Year limited liability company will cease to exist or "perpetual")
6. Upon Acceptance (Date first transacted business in Florida. (See	sections 608.501, 608.502, and 817.155, P.S.)
 c/o Eola Capital LLC, One Independent Drive, S Jacksonville, Florida 32202 	Suite 1850
(Sneet address of	f principle office)
8. If limited liability company is a manger-managed con	
The name and usual business addresses of the manager SOO WS Manager LLC	ing members or managers are as follows:
c/o Bola Capital LLC	
One Independent Drive, Suite 1850	
Jacksonville, Florida 32202	
 Attached is an original certificate of existence, no nhaving custody of records in the jurisdiction under acceptable. If the certificate is in a foreign languitranslator must be submitted.) Nature of business or purposes to be conducted or finance, develop, lease, sell, exchange and otherwise disserted. 	the law of which it is organized. (A photocopy is not uage, a translation of the certificate under oath of the promoted in Florida: Acquire, hold, operate, manage,
A mu	Cans-
Signature of a member or an autho (in accordance with section 608.408(3), F.S. an affirmation under the penalties of perj	, the execution of this document constitutes

William G. Evans
Typed or printed name of signee

CERTIFICATE OF DESIGNATION OF REGISTER 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 Limited Liability Company is:

500 WS Owner LLC

2. The name and the Florida atreet address of the registered agent and office are:

William G. Evans (Name)

c/o Eola Capital LLC, One Independent Drive, Suite 1850 Florida street address (P.O. Box NOT ACCEPTABLE)

> Jacksonville, FL 32202 (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 apt by 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, F.S.

Filing Fee for Application

\$100.00 Designation of Registered Agent \$ 25,00

\$ 30,00 Certified Copy (optional)

5.00 Certificate of Status (optional)

Delaware

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "500 WS OWNER 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 FOURTH DAY OF DECEMBER, 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 "500 WS OWNER LLC" WAS FORMED ON THE THIRD DAY OF DECEMBER, A.D. 2008.

081160635 You may verify this certificate onl at corp.delaware.gov/authwer.ahtml

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 7001245

DATE: 12-04-08