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EXAMINER

SECRETARY OF STATE
10 NOV 16 PH 2: 19



ACCOUNT NO. : I2000000195

REFERENCE : 577685 4814233

AUTHORIZATION :

COST LIMIT : \$ 125...0

ORDER DATE: November 16, 2010

ORDER TIME : 8:41 AM

ORDER NO. : 577685-005

CUSTOMER NO: 4814233

FOREIGN FILINGS

NAME: WOOD ALTA MIRA II, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Carina L. Dunlap -- EXT# 2951

EXAMINER:

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:

LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:
Wood Alta Mira II, LLC
(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 attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C," "LLC.")
2 Delaware 3, 27-3883910
(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)
1. 11/5/2010 5. Perpetual
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")
Upon qualification
Upon qualification (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) 1110 Northchase Parkway, Suite 150 Marietta, GA 30067 (Street Address of Principal Office)
7. 1110 Northchase Parkway, Suite 150
Marietta, GA 30067
(Street Address of Principal Office)
3. If limited liability company is a manager-managed company, check here 🔀
D. The name and usual business addresses of the managing members or managers are as follows:
WP South Development Enterprises, L.L.C.
1110 Northchase Parkway, Suite 150
Marietta, GA 30067
10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a ranslation of the certificate under oath of the translator must be submitted.)
11. Nature of business or purposes to be conducted or promoted in Florida: To conduct any
lawful business or activity under the laws of the State of Florida.
)a E Dun
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. I am aware that any false information submitted in a
document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)
David E. Thompson, Vice President of Member

Typed or printed name of signee

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 Lial	bility Comp	any is:	
Wood Alta I	Mira II, LLC		·	
If unavailabl	e, the alternate to be	e used in the	e state of Florida is:	
2. The name	and the Florida stre	eet address	of the registered agent and off	ice are:
	Corporation Ser	vice Compa	any	
			(Name)	
	1201 Hays Stree	et		
	Flori	ida Street Add	ress (P.O. Box NOT ACCEPTABLE)	
	Tallahassee		FL 32301	
			City/State/Zip	
liability compagent and agreed the relating to the	oany at the place des ree to act in this cap e proper and comple	signated in the acity. I furth ate performa istered agent	to accept service of process for his certificate, I hereby accept the her agree to comply with the prince of my duties, and I am family as provided for in Chapter 60 any	he appointment as registered covisions of all statutes iliar with and accept the
		(Signa	ature)	
		\$ 100.00 \$ 25.00	Filing Fee for Application Designation of Registered	Agont
		\$ 25.00	Certified Copy (optional)	Agent

\$ 5.00 Certificate of Status (optional)

Delaware

PAGE

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "WOOD ALTA MIRA II, 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 FIFTEENTH DAY OF NOVEMBER, A.D. 2010.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "WOOD ALTA MIRA II, LLC" WAS FORMED ON THE FIFTH DAY OF NOVEMBER, A.D. 2010.

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

4894692 8300

101090174

DATE: 11-15-10

AUTHENT

Jeffrey W Bullock, Secretary of State

CATION: 8355008

You may verify this certificate online at corp. delaware.gov/authver.shtml