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Certified Copies	_ Certificates	of Status
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EXAMINER



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SUFFICIENCY OF FILING

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

11 JUL 15 PM 15. En



ACCOUNT NO. : I2000000195

REFERENCE :

846328

4348715

AUTHORIZATION

COST LIMIT

ORDER DATE : July 14, 2011

ORDER TIME : 4:37 PM

ORDER NO. : 846328-010

CUSTOMER NO: 4348715

FOREIGN FILINGS

NAME:

WESTLAKE SANFORD ASSOCIATES

LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Troy Todd -- EXT# 2940

EXAMINER:

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

BI GOLDINATION VICTOR OF CHORNOL CO. SOC. OF CO. S. C.	
IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:	G IS SUBMITTED TO REGISTER A FOREIG
1. Westlake Sanford Associates 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 busing consent of the managers or managing members adopting the alternate name. The alternatemany," "L.L.C," "LLC.")	
2. Delaware 3. Applied For	
	number, if applicable)
4. July 13, 2011 5. Perpetual	
(Date of Organization) (Duration: Year Is exist or "perpetual	imited liability company will cease to l")
5	
(Date first transacted business in Florida, if prior to registr (See sections 608.501 & 608.502 F.S. to determine penalty	ration.) liability)
7 825 Third Avenue, 36th Floor, New York, New York 10022	
(Street Address of Principal Office)	
B. If limited liability company is a manager-managed company, check h	ere 🗀
- William Markey Company is a manager managed company, check is	·- <u>-</u>
9. The name and usual business addresses of the managing members or	managers are as follows:
P 7 Westlake Sanford LLC, 825 Third Avenue, 36th Floor, New Yor	k, New York 10022
10. Attached is an original certificate of existence, no more than 90 days old, duly authenticate in jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the ranslation of the certificate under eath of the translator must be submitted.)	
1. Nature of business or purposes to be conducted or promoted in Flori	da: direct or indirect real
real estate investments	
Nume M. M.	
Signature of a member or an authorized representa	tive of a member.
(In accordance with section 608.408(3), F.S., the execution of this document co	onstitutes an affirmation under the
penalties of perjury that the facts stated herein are true. I am aware that any document to the Department of State constitutes a third degree felony	
Wayne M. Lopkin	F 1000 101 M. B.O. 1 1.1505, 1 101.7

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 Liability C	Company is:
Westlake Sanford Associates LLC	
If unavailable, the alternate to be used	in the state of Florida is:
2. The name and the Florida street add	ress of the registered agent and office are:
Corporation Service Co	ompany
	(Name)
1201 Hays Street	
Florida Stree	t Address (P.O. Box NOT ACCEPTABLE)
Tallahassee	FL 32301
	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 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.

Corporation Service Company

By:

(Signature)

Troy Todd as its agent

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

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "WESTLAKE SANFORD ASSOCIATES 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 FOURTEENTH DAY OF JULY, A.D. 2011.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "WESTLAKE SANFORD ASSOCIATES LLC" WAS FORMED ON THE THIRTEENTH DAY OF JULY, A.D. 2011.

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

5009779 8300

110823337

Jeffrey W. Bullock, Secretary of State

AUTHENT\(CATION: 8902849)

DATE: 07-14-11

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