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(Re	equestor's Name)	
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(Cit	ty/State/Zip/Phone	<i></i> ; #)
<u></u>	☐ WAIT	<u> </u>
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
		1





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2012 MAY -2 PM 2: 22
SECRETARY OF STATE

J. BRYAN

MAY - 4 2012

EXAMINER

COVER LETTER

	Registration Section Division of Corporations	
SUBJEC	CT: WMS Asset Solutions, L	-LC
	Name o	of Limited Liability Company
		y Company for Authorization to Transact Business in Florida," Certificate of referenced foreign limited liability company to transact business in Florida.
Please ret	turn all correspondence concerning this matter	r to the following:
	William R. Stanton	
		Name of Person
	WMS Asset Solutions, LLC	
		Firm/Company Address Address City/State and Zip Code
	777 Bayshore Drive #1003	
		Address
	Fort Lauderdale, FL 33304	Address Asserting P
	C	City/State and Zip Code
	william.stanton@wmsas	ssetsolutions.com le used for future annual report notification)
For furthe	er information concerning this matter, please c	call:
Ž	William R. Stanton	at (954) 547-2833
	Name of Person	Area Code & Daytime Telephone Number
] 	Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314	ETREET ADDRESS: Division of Corporations Registration Section Clifton Building Reference Circle Callahassee, FL 32301
	ed is a check for the following amount: \$125.00 Filing Fee \$\frac{130.00}{\text{Certificate of Status}}\$	

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. WMS Asset Solutions, 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 writt consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C," "LLC.")
2. Indiana 3. (FEI number, if applicable)
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)
4. 02/28/12 5. Perpetual
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")
6
(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) 7. 13742 Royal Saddle Drive
7. 13742 Royal Saddle Drive 59 美工
Carmel, IN 46032 (Street Address of Principal Office)
(Street Address of Principal Office) 8. If limited liability company is a manager-managed company, check here
8. If infinited flability company is a manager-managed company, officer field
9. The name and usual business addresses of the managing members or managers are as follows:
William R. Stanton, 13742 Royal Saddle Drive, Carmel, IN 46032
10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records
the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a
translation of the certificate under oath of the translator must be submitted.)
11. Nature of business or purposes to be conducted or promoted in Florida: WMS Asset Solutions is a single member LLC, owned
and managed by William R. Stanton. WMS provides advisory services to assist hotel & resort owners, developers & executives to optimize their assets value, returns and performance
Wie Stanton
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.)
William R. Stanton

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.

	of the Limited Liability Company is: set Solutions, LLC	
If unavailable	, the alternate to be used in the state of Florida is:	
2. The name	and the Florida street address of the registered agent and office are:	2012年7月
	William R. Stanton	- A - 2
	(Name)	(P) (a) (1)
	777 Bayshore Drive #1003	PH 2: 23 PH 2: 23
	Florida Street Address (P.O. Box NOT ACCEPTABLE)	RIGHT 23
	Fort Lauderdale _{FL} 33304	,
	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.

(Signature)

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

STATE OF INDIANA OFFICE OF THE SECRETARY OF STATE CERTIFICATE OF EXISTENCE



To Whom These Presents Come, Greeting:

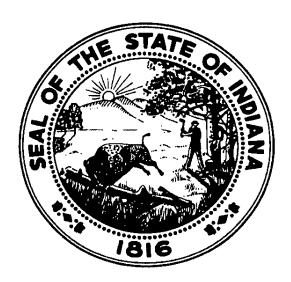
I, CONNIE LAWSON, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execute this certificate.

I further certify that records of this office disclose that

WMS ASSET SOLUTIONS, LLC

duly filed the requisite documents to commence business activities under the laws of the State of Indiana on February 28, 2012, and was in existence or authorized to transact business in the State of Indiana on April 23, 2012.

I further certify this Domestic Limited Liability Company (LLC) has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution or expiration has been filed or taken place.



In Witness Whereof, I have hereunto set my hand and affixed the seal of the State of Indiana, at the City of Indianapolis, this Twenty-Fourth Day of April, 2012.

Corrie Famon

CONNIE LAWSON, Secretary of State

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