

**H12000003984**

Division of Corporations  
Electronic Filing Cover Sheet

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((H12000181743 3)))



H12000181743ABC.

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**To:**

Division of Corporations  
Fax Number : (850) 617-6383

**From:**

Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (850) 222-1092  
Fax Number : (850) 878-5368

**JUL 16 2012**  
**L. SELLERS**

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

**Email Address:** \_\_\_\_\_

**Foreign Limited Liability Company**  
**WSLD ANDALUCIA HB VI, L.L.C.**

Certificate of Status	1
Certified Copy	1
Page Count	06
Estimated Charge	\$160.00

**RECEIVED**  
**12 JUL 13 AM 11:18**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

**FILED**  
**12 JUL 13 AM 8:05**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

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**Help**

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** WSLD Andaluca HB VI, L.L.C.

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Karla J. Ramirez

Name of Person

Pircher, Nichols & Meeks

Firm/Company

900 North Michigan Avenue, Suite 1050

Address

Chicago, IL 60611

City/State and Zip Code

KRamirez@Pircher.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Karla J. Ramirez

at (312)

915-3138

Name of Person

Area Code & Daytime Telephone Number

**MAILING ADDRESS:**

Division of Corporations  
Registration Section  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**

Division of Corporations  
Registration Section  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &  
Certificate of Status

☐ \$155.00 Filing Fee &  
Certified Copy

☒ \$160.00 Filing Fee, Certificate  
of Status & Certified Copy

IN COMPLIANCE WITH SECTION 608.303, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

- 07/13/2012 10:09 8656336092

WSC-L ANDALUCIA LAND VI, L.L.C.,  
a Delaware limited liability company

By: WSLD Andalusia VI, L.L.C.,  
a Delaware limited liability company,  
Its Sole Member

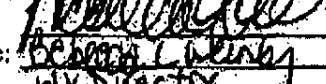
By: Walton Landeavor Holdings VI, L.L.C.,  
a Delaware limited liability company,  
Its Sole Member

By: Walton Acquisition REOC Master VI, L.L.C.,  
a Delaware limited liability company,  
Its Sole Member

By: Walton Street Real Estate Fund VI-Q, L.P.,  
a Delaware limited partnership,  
Its Managing Member

By: Walton Street Managers VI, L.P.,  
a Delaware limited partnership,  
Its General Partner

By: WSC Managers VI, Inc.,  
a Delaware corporation,  
Its General Partner

By:   
Name: Robert L. Henry  
Title: General Director

Authorized Representative

**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 Company is:

WSLD Andalusia HB VI, L.L.C.

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:

C T Corporation System

(Name)

1200 South Pine Island Road

Florida Street Address (P.O. Box NOT ACCEPTABLE)

Plantation

FL 33324

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.*

C T Corporation System

By:

Jan M. Halpin  
(Signature)

**James M. Halpin**  
**Assistant Secretary**

\$ 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 "WSLD ANDALUCIA HB VI, L.L.C." 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 TWELFTH DAY OF JULY, A.D. 2012.

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

5182586 8300

120831910

You may verify this certificate online  
at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)



  
Jeffrey W. Bullock, Secretary of State  
AUTHENTICATION: 9706796

DATE: 07-12-12