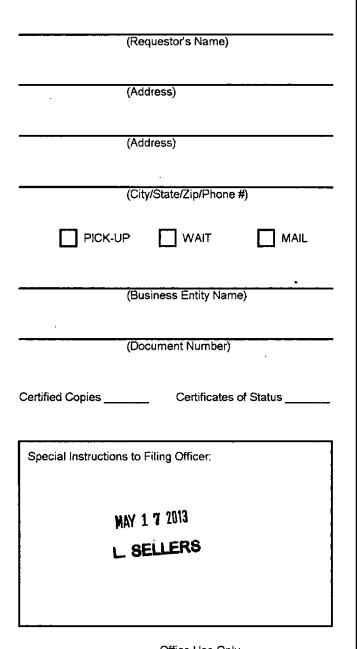
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COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT:

W.C.P. of Palm Bay, LLC

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:

Jack B. Spira, Esquire				
Name of Person				
Spira, Beadle & McGarrell, P.A.				
Firm/Company				
5205 Babcock Street				
Address				
Palm Bay, Florida 32905				
City/State and Zip Code.				
jspira@sbmlawyers.com				
E-mail address: (to be used for future annual report notification)				

For further information concerning this matter, please call:

,321 , 72

725-1240

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

'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	E STATE OF FLORIDA:
1. W.C.P. of Palm Bay, LLC	
(Name of Foreign Limited Liability Company; must include	de "Limited Liability Company," "L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted for the purpos consent of the managers or managing members adopting the alter Company," "L.L.C," "LLC.")	e of transacting business in Florida and attach a copy of the written nate name. The alternate name must include "Limited Liability
	46-2692735
(Jurisdiction under the law of which foreign limited liability company is organized)	(FEI number, if applicable)
4. 05/02/2013	Perpetual
(Date of Organization)	(Duration: Year limited liability company will cease to exist or "perpetual")
6. 05/02/2013	
(Date first transacted business in Flo (See sections 608,501 & 608,502 F.S.	rida, if prior to registration.) to determine penalty liability)
_{7.} 2155 Palm Bay Road, NE, Suite 9	
Palm Bay, Florida 32905	
•	of Principal Office)
8. If limited liability company is a manager-managed	company, check here
9. The name and usual business addresses of the mana	aging members or managers are as follows:
Sutton Properties, LLP, a Florida lim	nited liability partnership
2155 Palm Bay Road, NE, Suite 9	
Palm Bay, Florida 32905	
 10. Attached is an original certificate of existence, no more than 90 the jurisdiction under the law of which it is organized. (A photocop translation of the certificate under oath of the translator must be sub 11. Nature of business or purposes to be conducted or 	mitted.)
11. Nature of business or purposes to be conducted or	promoted in Florida.
	· · · · · · · · · · · · · · · · · · ·
	thorized representative of a member.
penalties of perjury that the facts stated herein are tru	ution of this document constitutes an affirmation under the e. I am aware that any false information submitted in a a third degree felony as provided for in s.817.155, F.S.)

Jack B. Spira, Esquire

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	Company	is:
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W.C.P. of Palm Bay, 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:

Jack B. Spira, Esquire

(Name)

5205 Babcock Street

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

Palm Bay

32905

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)

T IL C.D.
SECRETARY OF STATE

Delaware

PAGE 1

The First State

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

DELAWARE, DO HEREBY CERTIFY "W.C.P. OF PALM BAY, 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 EIGHTH DAY OF MAY, A.D. 2013.

5328778 8300

130542747

AUTHENTICATION: 0418057

DATE: 05-08-13

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