**Division of Corporations** Electronic Filing Cover Sheet

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(((H13000177254 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

Please retain original filing "date of submission =/9

From:

: C T CORPORATION SYSTEM Account Name

Account Number : FCA000000023 : (850)222-1092 Phone Fax Number : (850)878-5368

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

Email Address:

7.5

### Foreign Limited Liability Company WEO II, LLC

| Certificate of Status | 0        |
|-----------------------|----------|
| Certified Copy        | 1        |
| Page Count            | 05       |
| Estimated Charge      | \$155.00 |

Electronic Filing Menu

Corporate Filing Menu

Help

| CR2E027 (9/10)                  | COVER LETTER   |
|---------------------------------|--|
|                                 | tion Section<br>of Corporations  |
| SUBJECT:                        | O II, LLC  |
|                                 | Name of Limited Liability Company  |
|                                 | plication by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of each are submitted to register the above referenced foreign limited liability company to transact business in Florida  |
| Please return all               | orrespondence concerning this matter to the following:   |
|                                 | Candico Carpenter  |
|                                 | Name of Person   |
|                                 | Waypoint Residential  Firm/Company  3475 Piedmont Road, NB, Suite 1640   |
| ٩                               | Plrm/Company 2.00  |
|                                 | 3475 Picdmont Road, NB, Suite 1640   |
| •                               | Address Page 3   |
|                                 | Atlanta, GA 30305  City/State and Zip Code   |
|                                 | City/State and Zip Code  |
|                                 | carpenter@waypointresidential.com  |
| <u> </u>                        | E-mail address: (to be used for future annual report notification)   |
| For further inform              | ation concerning this matter, please call:   |
| Candice                         | Carpenter 770 817-5939   |
|                                 | Name of Person Area Code & Daytime Telephone Number  |
| Division<br>Registra<br>P.O. Bo | of ADDRESS: of Corporations Ion Section 100 Section 10 |
|                                 | heck for the following amount:  00 Piling Fee  \$\Begin{array}{c} \$130.00 Piling Fee & \$\Beta\$ \$155.00 Filing Fee & \$\Beta\$ \$160.00 Piling Fee, Certificate    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 POLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: WBO 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 Piorida 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.") Delaware (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized) 1/22/13 Perpetua! (Date of Organization) (Duration: Year limited liability company oxist or "perpetual") Upon filing (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) Three Pickwick Plaza, 4th Floor Greenwich, CT 06830 (Street Address of Principal Office) 8. If limited liability company is a manager-managed company, check here 9. The name and usual business addresses of the managing members or managers are as follows: Eric J. Hade Three Pickwick Plaza, 4th Floor Greenwich, CT 06830 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 translation of the certificate under cath of the translator must be submitted.) Ownership of Apartment 11. Nature of business or purposes to be conducted or promoted in Florida: Units Signature of a monther or an emborized representative of a member. (In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the panalties 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.)

Typed or printed name of signee

PLOST - 12/03/2012 Welters Kirmer Celine

Eric J. Hade

#### CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, PLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

| I. The name o   | f the Limited Liability Company is:                              |             |
|-----------------|--|-------------|
| If unavailable, | the alternate to be used in the state of Plorida is:             | THE SE TO   |
| 2. The name a   | nd the Florida street address of the registered agent and office | ce are:     |
|                 | C T Corporation System   | SEE P       |
|                 | (Namo)   | 70. :       |
|                 | 1200 South Pine Island Road                                      | 2 2         |
|                 | Florida Street Address (P.O. Box NOT ACCEPTABLE)                 |             |
|                 | Plantation 33324   |             |
|                 | City/State/Zip   | <del></del> |

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.

Debble Diaz

C T Corporation System

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 "WEO 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 EIGHTH DAY OF AUGUST, A.D. 2013.

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

5367719 8300

130971186

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

Jeffrey W. Bullock, Socretary of State

UTHENTYCATION: 0651802

DATE: 08-08-13