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· (B	usiness Entity Name)	
(0	ocument Number)	
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SECRETARY OF STATES

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Division of Corporations	Age 14	* - 1	
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SUBJECT: West Realty	Advisorsalic	;	
	of Limited Liability Company	ly .	
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The enclosed "Application by Foreign Limited Liabi	lity Company for Authorization to To	rancast Pusinass in Florida " 4	Cartificate of
Existence, and check are submitted to register the ab	ove referenced foreign limited flabili	ty company to transact busine	ss in Fiorida
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Please return all correspondence concerning this mat	ter to the following: 🚜		
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	Name of Person		
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For further information concerning this matter, pleas	e can:	i i i i jiya	
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Ellen Garcer	000	27 - 7400	
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Name of Contact Person	Arca Code D	aytime Telephone Number	
	G. A. S.	•	
MAILING ADDRESS:	STREET ADDRESS:	,	
Division of Corporations	Division of Corporations		
Registration Section	Registration Section		
P.O. Box 6327	Clifton Building	~ ∫ _y	
Tallahassee, FL 32314	2661 Executive Center Circle		
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	Tallahassee, FL 32301	$\dot{\hat{x}}$	
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Enclosed is a check for the following amount			
\$125.00 Filing Fee \$\square\$130.00 Filing		□ \$160.00 Filing Fee, Cer	rtificate
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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

West Realty Advisors, 1		<u> </u>	
(Name of Foreign Limited Liability Company; must incl	ude "Limited Liability Compa	ny," "L.L.C.," or "LLC	.")
		· ·	
name unavailable, enter alternate name adopted for the purpose of t	ransacting business in Florida	. The alternate name mu	st include "Limited
ility Company," "L.L.C," or "LLC.")		ا الأو تقد م	
California	3 45-3088	3084	
urisdiction under the law of which foreign limited liability company is organized)	(FEI n	umber, if applicable)	
t is organized)			
JUNY 20	2014	3 37	
(Date first transacted business in (See sections 605.0904 & 605.0905	Florida, if prior to registration, F.S. to determine penalty lia	n.) bility) 🛌 🎨	
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(Maili	ng Address)	<u> </u>	5 -ਜ਼ੂ
			• **
The name, title or capacity and address of the pers	son(s), who has/have at	ithority to manage	is/are:
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1000 Solitorino voltori P	MANAGOTAL	<u> </u>	
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Attached is an original certificate of existence, no	nore than 90 days old,	duly authenticate	d by the official
ring custody of records in the jurisdiction under the			
eptable. If the certificate is in a foreign language,	a translation of the cert	ificate under oath	of the translato
st be submitted)	A STATE OF THE STA	4 In	
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		•	
Signature of a	n authorized person		
ccordance with section 605.0203, F.S., the execution of this document con	stitutes an affirmation under the p	enalties of perjury that the	facts stated herein are
ware that any false information submitted in a document to the Departmen	t of State constitutes a third degre	e telony as provided for in	s.817.155, F.S.)
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CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0143 or 605.0902 (1)(d), 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:	
West Realty Advisor	ORS. NC
If unavailable, the alternate to be used in the state of	
2. The name and the Blavida street address of the	colotable and office and
2. The name and the Florida street address of the response from Paracorp Inc.	orporated
236 East	10th Avenue
Florida Street Address (P.C	D. BOX NOT ACCEPTABLE) P[22203
	/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, Thereby 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 dulies, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, Florida Statutes.

Maron CarresHARON COOKE, ASSISTANT SECRETARY
(Signature)

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

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State of California

Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME: WEST REALTY ADVISORS, LLC

FILE NUMBER:

201018710094

FORMATION DATE:

07/01/2010

TYPE:

DOMESTIC LIMITED LIABILITY COMPANY

JURISDICTION:

CALIFORNIA

STATUS:

ACTIVE (GOOD STANDING)

I, DEBRA BOWEN, Secretary of State of the State of California, hereby certify:

The records of this office indicate the entity is authorized to exercise all of its powers, rights and privileges in the State of California.

No information is available from this office regarding the financial condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of July 14, 2014.

DEBRA BOWEN Secretary of State