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COVER LETTER

TO: Registration Section
Division of Corporations

RIECT. LFW Reserve, 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:

Anthony W. Marrs

Name of Person

LFW Reserve, LLC.

Firm/Company

6200 The Corners Pkwy

Address

Norcross, Georgia 30092

City/State and Zip Code

Tony.Marrs@wellsref.com

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

For further information concerning this matter, please call:

Anthony W Marrs

,770

243-4584

Name of Contact 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

FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINE 1. LFW Reserve, LLC.	
(Name of Foreign Limited Liability Company; must include "Limi	ted Liability Company," "L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted for the purpose of transacting Liability Company," "L.L.C," or "LLC.")	business in Florida. The alternate name must include "Limited
	-1735905
(Jurisdiction under the law of which foreign limited liability company is organized)	(FEI number, if applicable)
_{4.} 05-31-2014	
(Date first transacted business in Florida, i (See sections 605.0904 & 605.0905, F.S. to d	f prior to registration.) etermine penalty liability)
5. 6200 The Corners Pkwy	2
Norcross, Georgia 30092	
(Street Address of Princi	pal Office)
Norcross, Georgia 30092	3
(Mailing Address	ss)
7. The name, title or capacity and address of the person(s) w	who has/have authority to manage is/are
Anthony W. Marrs - Vice Preside	•
6200 The Corners Pkwy	
Norcross, Georgia 30092	
8. Attached is an original certificate of existence, no more the	an 90 days old, duly authenticated by the official
having custody of records in the jurisdiction under the law of acceptable. If the certificate is in a foreign language, a translamust be submitted)	
Anthony W. Mows, Signature of an autho	vP
Signature of an autho	rized person affirmation under the penalties of perjury that the facts stated herein are tro

Anthony W. Marrs

Typed or printed name of signee

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 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.

	the Limited Liability Co Serve, LLC.	mpany is:	
If unavailable, th	e alternate to be used in	the state of Florida is:	
2. The name and	the Florida street addre	ess of the registered agent and office are:	
C T Corporation System		200	
•		(Name)	
	1200 South Pine Island Road		FLOOR ST
•	Florida Street Address (P.O. Box NOT ACCEPTABLE)		
	Plantation	FI. 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 605, Florida Statutes.

C T Corporation System

By: M'Aul Lydui Michael Seraphin Asst. 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)

STATE OF GEORGIA

Secretary of State Corporations Division 313 West Tower #2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

CONTROL NUMBER DATE INC/AUTH/FILED : April 23, 2014 JURISDICTION

: Georgia

: 14039921

PRINT DATE

: November 05, 2014

CERTIFICATE OF EXISTENCE

I, Brian P. Kemp, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

LFW RESERVE, LLC A Domestic Limited Liability Company

was formed in the jurisdiction stated above or was authorized to transact business in Georgia on the above date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Brian P. Kemp Secretary of State

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