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WRM X GP, L.L.C.

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ABBIE/PAUL HODGE **AUTHORIZATION:**

FILE FIRST X

COVER LETTER

TO:

Registration Section

Division of Corporations
SUBJECT: WRM X GP, 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:
General Counsel
Name of Person
WRM X GP, L.L.C.
Pirm/Company
7121 Fairway Drive, Suite 420
Address
Palm Beach Gardens, FL 33418
City/State and Zip Code
notices@wrefholdings.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
General Counsel 561 598-6700
Name of Contact Person Area Code Daytime Telephone Number
MAILING ADDRESS: STREET ADDRESS: Division of Corporations Division of Corporations
Registration Section Registration Section
P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle
Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301
Enclosed is a check for the following amount:
☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & ☐ \$155.00 Filing Fee & ☐ \$160.00 Filing Fee, Certificate Certificate of Status Certified Copy of Status & Certified Copy

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:

FOREIGN LIMITED LIABILITY COMPANY TO TRANS WRM:X GP, L.L.C.	ACT BUSINESS IN THE STATE OF FLORI	DA:
(Name of Foreign Limited Liability Company; must	t Include "Limited Liability Company," "L.L.C.," o	r "LLC.")
If name unavailable, enter alternate name adopted for the purpose iability Company," "L.L.C," or "L.L.C.")	of transacting business in Florida. The alternate n	ame must include "Limited
Delaware	_{3.} 35-2518476	•
(Jurisdiction under the law of which foreign limited liability company is organized)	(FEI number, if applic	able)
ł		
(Date first transacted busine (See sections 605,0904 & 605.	as in Florida, if prior to registration.) 0905, F.S. to determine penalty liability)	ZO15 SE TAL
7121 Fairway Drive, Suite	e 410	2015 JAN SECRETT
Palm Beach Gardens, FL	. 33418	TAR)
The state of the s	dress of Principal Office)	EPOT BE
7121 Fairway Drive, Suite	410	
Palm Beach Gardens, FL): 48 TATE ORID
0	Mailing Address)	1.00
7. The name, title or capacity and address of the	• • • •	anage is/are:
nfinity Funding Holdings, L	.L.C. , Managing Member	
7121 Fairway Drive, Suite	410	
Palm Beach Gardens, FL 3	3418	
Attached is an original certificate of existence, aving custody of records in the jurisdiction under ecceptable. If the certificate is in a foreign language out to be submitted)	r the law of which it is organized. (A p	hotocopy is not
172	70	
Signature of accordance with section 605 0703, F.S., the execution of this document aware that any false information submitted in a document to the Depart	of an authorized person t constitutes an affirmation under the penalties of perjury tment of State constitutes a third degree felony as provide	that the facts stated herein are trued for in s.817.155, P.S.)
Diego Rico, Vid	ce President	
Typed or pri	nted name of signee	<u> </u>

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.

	GP, L.L.C.			
If unavailable,	the alternate to be used	in the state of Florida is:		
2. The name a	nd the Florida street add	ress of the registered agent and office are:	ZOIS SEC TALL	
NRAI Services, Inc.			2015 JAN 12 1 SECRETARY (TALLAHASSER	
		(Name)	SE?	
1200 South Pine Island Road		AH OF S		
Florida Street Address (P.O. Box NOT ACCEPTABLE)		AH 10: 48 OF STATE E.FLORID	1111	
	Plantation	_{FL} 33324	0 m 0	
		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.

(Signaturo) Jennifer Parks, 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

The First State

I, JEFFREY. W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "WRM X GP, 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 JANUARY, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "WRM X GP, L.L.C." WAS FORMED ON THE TENTH DAY OF OCTOBER, A.D. 2013.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

5413791 8300

150036037

AUTHENTICATION: 2028293

DATE: 01-12-15

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