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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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DIVISION OF CORPORATION

K. SALY Examiner

FEB 1 6 2015

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE: 499618 4300740

AUTHORIZATION :

COST LIMIT : \$ 125.00

ORDER DATE: February 11, 2015

ORDER TIME : 8:54 AM

ORDER NO. : 499618-010

CUSTOMER NO: 4300740

FOREIGN FILINGS

NAME: WPB MULTIFAMILY OWNER II LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams -- EXT# 62935

EXAMINER:

COVER LETTER

Div	ision of Corporations						
SUBJECT:	WPB Multifamily Owner II LLC						
Name of Limited Liability Company							
	l "Application by Foreign Limited I ad check are submitted to register th						
Please return	all correspondence concerning this	matter to the following:					
	Josh Champion						
		Name of Perso	n				
	Carroll Organization, LLC						
		Firm/Compan	y				
	3340 Peachtree Road, NE, Sui	2250					
		Address					
	Atlanta, Georgia 30326						
		City/State and Zip	Code				
	josh.champion@carrollorg.com						
	E-mail addr	ss: (to be used for future a	nnual report notific	cation)			
For further in	formation concerning this matter, p	ease call:					
Josl	n Champion	at (404) 812-82	270 aytime Telephone Number			
	Name of Contact Person	Arc	a Code Da	sytime Telephone Number			
Divi Reg P.O.	ILING ADDRESS: ision of Corporations istration Section Box 6327 ahassee, FL 32314	STREET ADDRE Division of Corpor Registration Section Clifton Building 2661 Executive Ce Tallahassee, FL 32	rations on enter Circle				
	s a check for the following am 125.00 Filing Fee \$130.00 F Certificate	ing Fee & 🔲 \$155.	00 Filing Fee & fied Copy	☐ \$160.00 Filing Fee, Cert of Status & Certified Co			

TO:

Registration Section

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:

WPB Multifamily Owner II LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
'a
name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited ability Company," "L.L.C," or "LLC.")
DE 3.
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)
n/a
(Date first transacted business in Florida, if prior to registration.) (See sections 605,0904 & 605,0905, F.S. to determine penalty liability)
Carroll Organization, LLC, 3340 Peachtree Road, NE, Suite 2250
Atlanta, Georgia 30326
(Street Address of Principal Office)
Carroll Organization, LLC, 3340 Peachtree Road, NE, Suite 2250
Atlanta, Georgia 30326
(Mailing Address)
The name, title or capacity and address of the person(s) who has/have authority to manage is/are:
sii Champion, Authorized Signatory
arroll Organization, LLC, 3340 Peachtree Road, NE, Suite 2250
tlanta, Georgia 30326
Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official aving custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not ceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator ust be submitted) Signature of an authorized person accordance with section 605.0203, F.B., the execution of his document constitutes an affirmation under the penalties of perjury that the facts stated herein are the 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.)
Joseph Meland
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 name of the Limited Liability Company is: WPB Multifamily Owner II LLC					
If unavailab	le, the alternate t	to be used in the state of Florida is:				
2. The name	e and the Florida	a street address of the registered agent and office are:				
	Corporation S	Service Company	*****			
		(Name) SEE A	1			
	1201 Hays Sti	Florida Street Address (P.O. Box NOT ACCEPTABLE)	, قر			
		Florida Street Address (P.O. Box NOT ACCEPTABLE)	1 >			
	Tallahassee	FL 32301				
	<u> </u>	City/State/Zip				
liability com registered ag statutes relat	pany at the place gent and agree to ting to the proper	tered agent and to accept service of process for the above stated limited e designated in this certificate, I hereby accept the appointment as act in this capacity. I further agree to comply with the provisions of all r and complete performance of my duties, and I am familiar with and position as registered agent as provided for in Chapter 605, Florida				
	Ву:	Courtney Williams Asst. Vice President				

(Signature)

\$ 5.00

\$ 100.00 Filing Fee for Application

\$ 30.00 Certified Copy (optional)

\$ 25.00 Designation of Registered Agent

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 "WPB MULTIFAMILY OWNER 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 ELEVENTH DAY OF FEBRUARY, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "WPB MULTIFAMILY OWNER II LLC" WAS FORMED ON THE THIRTIETH DAY OF DECEMBER, A.D. 2014.

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

5666536 8300

150182745

Jeffrey W Bullock, Secretary of State AUTHENTY CATION: 2114266

DATE: 02-11-15

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