Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

: (850)205-8842

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:

Foreign Limited Liability Company WE Chimneytop Palo LLC

Certificate of Status	1
Certified Copy	1
Page Count	05
Estimated Charge	\$160.00

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Corporate Filing Menu

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WYH 28 5015

4/27/2015 10:55:33 AM From: To: 8506176383(2/5)

	COVER LETTER	
TO: Registration Section Division of Corporations	i	
SUBJECT: WE Chimneytop PA	loric.	
	Name of Limited Liability Company	
The enclosed "Application by Fore Existence, and check are submitted	ign Limited Liability Company for Authorization to Transact Business in Florida. ⁶ Certifitoregister the above referenced foreign limited liability company to transact business in liability.	icate of Florida
Pleuse return all correspondence co	encerning this matter to the following:	
Michael Kaplan		
,	Name of Person	
Harkavy Shainbe	rg Kaplan & Dunstan PLC	
	Firm/Company	
6060 Poplar Ave	iue, Suite 140	
	Address	
Manuschia TN 701		
Memphis TN 381	City/State and Zip Code	
jeffw@whitecagle	group.com	
	E-mail address: (to be used for future annual report notification)	
For further information concerning	this matter, please call:	
Michael Kaplan	ar, 901 491-5326	
Name of	Contact Person at (901) 491-5326 Contact Person Duytime 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 fo C \$125.00 Filing Fee	llowing amount: □ \$130.00 Filing Fee & □ \$155.00 Filing Fee & ☎ \$160.00 Filing Fee, Certificat Certificate of Status	le

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:

finame unavailable, enter alternate name adopted for the purpose of inhibity Company," "LL.C." or "LL.C.")) trans	secting business in Florida. The alternate name	must include "Lir
Delaware	3.	47-3655702	-
(Jurisdiction under the law of which foreign limited liability company is organized)		(FEI number, if applicable	TO B
NA NA	· -1-		<u> </u>
(Date first transacted business (See sections 605.0904 & 605.09			1000
12 College Road			me
Monsey, NY 10952			T 6
	10 P25	Principal Office)	
12 College Road			
Monsey, NY 10952 (Ma	-	Address) n(s) who has/have authority to mana	ge is/are:
Monsey, NY 10952 (Ma 7. The name, title or capacity and address of the pe	-		ge is/are;
Monsey, NY 10952 (Ma	-		ge is/are;

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.

If unavailab	ole, the alternate to be used	d in the state of Florida is:	2818 MT
2. The nam	ne and the Florida street ac	ddress of the registered agent and office a	元 元 1
	C T Corporation System	1	200
		(Name)	
	1200 South Pine Island	Road	
	Florida St	reet Address (P.O. Box NOT ACCEPTABLE)	
	Plantation	FL 33324	
		City/State/Zip	
iability con registered a ratutes rela accept the o	ipany at the place designa- gent and agree to act in th iting to the proper and con	nt and to accept service of process for the ted in this certificate, I hereby accept the is capacity. I further agree to comply wit uplete performance of my duties, and I an as registered agent as provided for in Cha	appointment us h the provisions of all I familiar with and opter 605, Florida
liability com registered a statutes rela	ipany at the place designa- gent and agree to act in th iting to the proper and con	nt and to accept service of process for the ted in this certificate. I hereby accept the is capacity. I further agree to comply wit uplete performance of my duties, and I am	appointment as h the provisions of all I familiar with and pier 605, Florida

Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

\$ 30.00

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "WE CHIMNEYTOP PALO 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 TWENTY-FIRST DAY OF APRIL, A.D. 2015.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "WE CHIMNEYTOP PALO LLC" WAS FORMED ON THE TWENTY-SIXTH DAY OF MARCH, A.D. 2015.

5718075 8300

150538248

You may verify this cortificate enline at corp.dulaware.gov/authver.shtml

Jeffrey W. Bullock, Secretary of State

AUTHENTICATION: 2307187

DATE: 04-21-15