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Florida Department of State

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Foreign Limited Liability Company West Bay FL, LLC

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COVER LETTER

SUBJECT:	West E	lay FL, LLC		
SODJECI:	Name of Limited Liability Company			
The enclosed "Ap Existence, and ch	plication by Foreign Limited Liability Comp ock are submitted to register the above refere	any for Authorizat enced foreign limite	ion to Transact Business in Florida," Certifica ed liability company to transact business in Ple	
Please return all c	nrespondence concerning this matter to the	following:		
	C	ora DiFlore		
	N	ame of Person		
	Encore Hou	ing Opportunity	Fund	
	F	mi/Company		
	1951 NW	19th Street, Suite	200	
		Address		
	Boca	Raton, FL 33431		
	Chy/s	tate and Zip Code		
	Corn.DiFlo	re@oncorefunds.c	om	
-	E-mail address: (10 be use	d for future annual	report notification)	
For further inform	nation concerning this matter, please call:			
	Cora DiFiore	561	96 1-1900	
	Name of Contact Person	Area Code	Daytime Telephone Number	
Division Registra P.O. Bo	NG ADDRESS: of Corporations tion Section x 6327 see, FL 32314		STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle	
			Tallahassee, FL 32301	
	ck for the following amount: .00 Filing Fee	□ \$155.00 Filia Certified Copy		

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLANCE 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: Wost Bay FL, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C," or "LLC.") Delaware (Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable) (Date first transacted business in Floride, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 1951 NW 19th Street, Suite 200 Hoca Raton, FL 33431 (Street Address of Principal Office) 1951 NW 19th Street, Suite 200 Boca Raton, FL 33431 (Mailing Address) 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) NRAI Services, Inc. Name: 1200 South Pine Island Road Office Address: Plantation 33324 Florida (City) Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent. (Registered agent's signature) 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Anthony Avila, Authorized Signatory, One Letterman Drive, Building C, Sulte 3800, San Francisco, CA 94129 Hector Calderon, Authorized Signatory, One Letterman Drive, Building C, Suite 3800, San Francisco, CA 94129 Art Palcone, Authorized Signatory, One Letterman Drive, Building C, Suite 3800, San Francisco, CA 94129 9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted) Signature of an authorized person This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree follows as provided for in s.817.155, F.S. Anthony Avila

Typed or printed name of signee

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARS, DO HEREBY CERTIFY "WEST BAY FL, 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 EIGHTH DAY OF JULY, A.D. 2015.

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

DATE: 07-08-15