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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : C T CORPORATION SYSTEM

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#### Foreign Limited Liability Company WF Acquisitions LLC

| Certificate of Status | 0        |
|-----------------------|----------|
| Certified Copy        | 0        |
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JUL 20 2015

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#### COVER LETTER

|         | ir<br>Ir                                      | CO  | ver letter                                |  |                               |
|---------|---|---|---|--|-------------------------------|
| TO:     | Registration Section<br>Division of Corporati | on <del>s</del>                               |   |  |                               |
| SUBJ    | ECT: WF Acquisitions I                        | LLC   |   |  |                               |
|         | , (   | Name of Limit                                 | ted Lisbility Company                     |  |                               |
| Existe  | nce, and check are submit                     | ted to register the above refe                | renced foreign limited liabili            | ransact Business in Florida, <sup>o</sup> C<br>ity company to transact busines | ertificate of<br>s in Fiorida |
| Please  | return all correspondence                     | concerning this matter to the                 | e following:                              |  |                               |
|         | Ryan A. Lown                                  | , Esq.  |   |  |                               |
|         |   | 7   | lame of Person                            |  |                               |
|         | Phillips Lytle i                              | LLP   |   |  |                               |
|         | <u> </u>                                      | F   | irm/Company                               |  |                               |
|         | 1400 First Fed                                | ecal Plaza                                    |   |  |                               |
|         |   |   | Address                                   |  |                               |
|         | Rochester, NY                                 | 14614   |   |  |                               |
|         | <del></del>                                   | City/S  | State and Zip Code                        |  | •                             |
|         | rlown@phillips                                | lytle.com                                     |   | T S  | 5                             |
|         |   | E-mall address: (to be use                    | d for future annual report notifi         | eatlon)  | ,                             |
| For fur | ther information concerni                     | ng this matter, please call:                  |   |  |                               |
|         | Ryan A. Lown                                  |   | e( ( 585 ) 238-20                         | <b>056</b>   | 7 [                           |
|         |   | of Contact Person                             |   | aytime Telephone Number  | <u>A</u> 0                    |
|         | MAILING ADDRESS Division of Corporation       | s Divisio                                     | ET ADDRESS:<br>on of Corporations         | TATE<br>ORIDA  | 10: 22                        |
|         | Registration Section P.O. Box 6327            |   | ation Section<br>Building                 |  |                               |
|         | Tailahassee, FL 32314                         |   | xecutive Center Circle<br>1550e, FL 32301 |  |                               |
| Enclos  | sed is a check for the                        | following amount:                             |   |  |                               |
|         | □ \$125.00 Filing Fee                         | S \$130.00 Filing Fee & Certificate of Status | ☐ \$155.00 Filing Fee & Certified Copy    | ☐ \$160.00 Filing Fee, Certification of Status & Certified Cop                 |                               |

### 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:

| If name unavailable, enter alternate name adopted for the purpose of transacting business in Fiorida. T<br>liability Company," "L.L.C," or "L.L.C.")  | he alternate name must includ            | ie "Limited      |
|---|--|------------------|
| New York 3 46-5726281   |  |                  |
| (Jurisdiction under the law of which foreign limited liability (PEI nun company is organized)   | nber, il applicable)                     | <del></del>      |
| (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)  | ity)                                     |                  |
| 550 Latona Road, Building A, Rochester New York, 14626  |  | <del></del>      |
| (Street Address of Principal Office)  |  |                  |
|   |  | 꼀                |
| 550 Latona Road, Building A, Rochester New York, 14626  | 28                                       |                  |
| 550 Latona Road, Building A, Rochester New York, 14626  | ALAE<br>ALAE                             | <u> </u>         |
| 550 Latona Road, Building A, Rochestar New York, 14626  (Malling Address)   | ALLANDSS<br>ALLANDSS                     |                  |
| (Malling Address)  The name, title or capacity and address of the person(s) who has/have auth   | <u> </u>                                 |                  |
| (Malling Address)  The name, title or capacity and address of the person(s) who has/have auth   | <u> </u>                                 | JUL 17 AN 10-122 |
| (Malling Address)  The name, title or capacity and address of the person(s) who has/have auth   | <u> </u>                                 |                  |
| (Malling Address)  The name, title or capacity and address of the person(s) who has/have authorized win Jay Wegman, Manager 550 Latona Road, Building A, Rochester  Attached is an original certificate of existence, no more than 90 days old, dr  | New York 14626                           | 10-22            |
| (Malling Address)  The name, title or capacity and address of the person(s) who has/have authorized and seven as a capacity and address of the person(s) who has/have authorized as an original certificate of existence, no more than 90 days old, driving custody of records in the jurisdiction under the law of which it is organized to submitted)   | New York 14626  uly authenticated by the | 10-22            |
| (Malling Address)  The name, title or capacity and address of the person(s) who has/have authorized and Jay Wegman, Manager 550 Latona Road, Building A, Rochester  Attached is an original certificate of existence, no more than 90 days old, driving custody of records in the jurisdiction under the law of which it is organiceptable. If the certificate is in a foreign language, a translation of the certificate is in a foreign language, a translation of the certificate. | New York 14626  uly authenticated by the | 10-22            |

1. The name of the Limited Liability Company is:

## 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.

| C T Corporation System   |   | 空間 宣 マ  |
|--|---|---|
|  |   |   |
|  | (Name)  |   |
| 1200 South Pine Island Road  |   | 元次 建  |
| Florida Street Addre   | ss (P.O. Box NOT ACCEPTABLE)  | ID 22   |
| Plantation .   | FI_ 33324<br>City/State/Zip   |   |
| ving been named as registered agent and to collity company at the place designated in this istered agent and agree to act in this capacitates relating to the proper and complete perept the obligations of my position as register tutes. | n certificale, I hereby accept the a<br>ty. I further agree to comply with<br>formance of my duties, and I am | appointment as<br>In the provisions of all<br>familiar with and |

Filing Fee for Application

Certified Copy (optional)

Designation of Registered Agent

Certificate of Status (optional)

\$ 100.00 \$ 25.00

\$ 30.00 \$ 5.00

# State of New York Department of State State

I hereby certify, that WF ACQUISITIONS LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 09/18/2013, and that the Limited Liability Company is existing so far as shown by the records of the Department.

\*\*\*



201507170310 \* EZ

Witness my hand and the official seal of the Department of State at the City of Albany, this 16th day of July two thousand and fifteen.

Anthony Gardina
Executive Deputy Secretary of State

FILED M 0: 23