Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

Phone : (850) 205-8842

Fax Number : (850)878-5368

Enter the email address for this business entity to be used for future: [18] annual report mailings. Enter only one email address please.

Email Address:

Foreign Limited Liability Company SPT WAH WESTWOOD LLC

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https://efile.sunbiz.org/scripts/efilcovr.exe

9/9/2015

COVER LETTER

TO:	Registration Section Division of Corporation	35		
SUBI	ECT:	SPT WAF	Westwood LLC	
222		Name of Limite	ed Liebility Company	
				Transact Business in Florida," Certificate of bility company to transact business in Florida.
Ploase	roturn all correspondence o	oncerning this matter to the	following:	
		Rebec	ca L. Ramatrom	
		N	iame of Person	
		Paul	Hastings LLP	
		F	іны/Соптрапу	
		1170 Peach	tree Street N.E., Suite 100)
			Address	
			a, Georgia 30309	
		Clty/S	State and Zip Code	
		МОса	sio@Inrproperty.com	
			d for future annual report no	offication)
For fu	rther information concernin	this matter, please call:		
	Rebec	ça L. Ramstrom	at (404) 815	5-2231
	Name o	f Contact Person	Area Code	Daytime Telephone Number
	MAILING ADDRESS:	STRE	ET ADDRESS:	
	Division of Corporations	Divisio	on of Corporations	
	Registration Section	Rogists	ration Section	
	P.O. Box 6327	Clifton	Building	
	Tallahassee, FL 32314		executive Center Circle	
Encid	sed is a check for the f			
	□ \$125.00 Filling Fee	S130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filing Fee Certified Copy	& \$\Bigsize \text{S160.00 Filing Fee, Certificate} \\ 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:

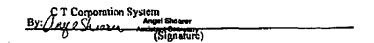
name unavailable, enter alternate name adopte ability Company," "L.L.C," or "LLC.")	d for the purpose of transacting business i	n Florida. The alternate name must include	"Limited
Delaware	3. N/A		
(Jurisdiction under the law of which foreign lif company is organized)	nice liability	(FEI number, if applicable)	
	pansacted business in Florids, if prior to n		
	605.0904 & 605.0905, F.S. to determine p	enacty mounty)	7-1
c/o Starwood Property Trust, 591 W. Pu	tnam Avenue, Greenwich, CT 06830		
	(Street Address of Principal Office)		
c/o Starwood Property Trust, 591 W. Put	•		
c/o Starwood Property Trust, 591 W. Put	•		
c/a Starwood Property Trust, 591 W. Put	nam Avenue, Greenwich, CT 06830		
c/a Starwood Property Trust, 591 W. Put	•		
	nam Avenue, Greenwich, CT 06830 (Mailing Address)		355 FE 0.25 FE 0.25
. The name, title or capacity and ac	(Mailing Address) idress of the person(s) who has/	have authority to manage is/are:	30 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
	(Mailing Address) idress of the person(s) who has/	have authority to manage is/are:	35.00 STATE
. The name, title or capacity and ac	(Mailing Address) idress of the person(s) who has/	have authority to manage is/are:	
. The name, title or capacity and ac	(Mailing Address) idress of the person(s) who has/	have authority to manage is/are:	
. The name, title or capacity and ac	(Mailing Address) idress of the person(s) who has/	have authority to manage is/are:	26 00 00 00 00 00 00 00 00 00 00 00 00 00
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CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605,0113 or 605.0902 (I)(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.

SPT WAH Wes	stwood LLC		
If unavailable	e, the alternate to be used in the state of Florid	ie is:	
2. The name	and the Florida street address of the registered	d agent and office are:	215
	C T Corporation System		S S
	C T Corporation System (Name)		まる さき
			6 T
	(Name)	OT ACCEPTABLE)	6 F

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 dutles, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, Florida Statutes.



\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

Delaware The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SPT WAN WESTWOOD 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 NINTH DAY OF SEPTEMBER, A.D. 2015.

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

5798198 8300

SR# 20150054376 You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 10015560

Date: 09-09-15