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Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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(((H15000217402 3)))



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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 : (850)878-5368 Fax Number

**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 SPT WAH WOODRIDGE LLC

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Certified Copy	0
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Corporate Filing Menu

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

COVER LETTER

TO:	Registration Section Division of Corporations			•
SUBJ	КС1:	SPT WAH	Woodridge LLC	
		Name of Limite	d Liability Company	
The en	aclosed "Application by Poreign nee, and check are submitted to	Limited Liability Com register the above refer	pany for Authorization to T enced foreign limited liabil	ransact Business in Florida," Certificate o ity company to transact business in Floride
Picase	return all correspondence conce	rning this matter to the	following;	
		Rébec	ca L. Runstrom	
	- , 	N	nine of Person	
		Paul	Hastings LLP	
		F	nn/Company	
		1170 Peacht	ree Street N.B., Suite 100	
			Address	· · · · · · · · · · · · · · · · · · ·
		Atlanta	, Ocorgia 30309	
			tate and Zip Code	· · · · · · · · · · · · · · · · · · ·
			io@Inrproperty.com	
	E	-mail address: (to he used	for future annual report polif	ication)
For fur	ther information concerning this	s matter, please call;		
	Rehecca f.	Ramstrom	. 4n4 . 815.2	221
	Name of Cor		Area Code D	231
	MAILING ADDRESS:	STREE	T ADDRESS ₁	
	Division of Corporations		n of Corporations	
	Registration Section		ation Section	
	P.O. Box 6327 Tallahassee, FL 32314	2661 E	Building recutive Center Circle ssee, FL 32301	
Enclo	sed is a check for the follo	wing personer		
LINGIO	Si \$125.00 Filing Fee	Wing amount: \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filing Fee & Certified Copy	☐ \$160.00 Filling 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;

Liability Company," "L.L.C," or "LLC.")	rnate name must include "Limited
Delaware 3. N/A	
(Jurisdiction under the law of which foreign limited liability (FEI number, if company is organized)	applicable)
),	
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)	
c/o Starwood Property Trust, 591 W. Putnam Avenue, Greenwich, CT 06830	
(Street Address of Principal Office)	
c/o Starwood Property Trust, 591 W. Putnam Avenue, Greenwich, CT 06830	<u> </u>
	R Property
(Mailing Address)	25 T
7. The name, title or capacity and address of the person(s) who has/have authority	v to manage is/are:
Andrew Sossen, Vice President, c/o Starwood Property Trust, 591 W. Putnam Avenue, Greenwich	CT 06830
	21 24
	Ju »
Attached is an original certificate of existence, no more than 90 days old, duly a	uthenticated by the official (A photocopy is not under oath of the translate

1. The name of the Limited Liability Company is:

SPT WAH Woodridge LLC

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.

2. The name	e and the Florida street address of	9		
	C T Corporation System			
		(Name)		
	1200 South Pine Island Road		26	<u>- م</u>
	Florida Street Add	ress (P.O. Box NOT ACCEPTABLE)	<u>≥</u> : ₩	33
			1.42 1.74 1.75	. م
	Plantation	FL 33324	23	9
		City/State/Zip		335
				_3.
			7 	
Having been	named as registered agent and t	o accept service of process for the above s	tated limited	d
_		o accept service of process for the above s his certificate, I hereby accept the appoints		7: 56
liability com registered at	pany at the place designated in the gent and agree to act in this capa	his certificate, I hereby accept the appoint icity. I further agree to comply with the pro	nent as ovisions of c	2
liability com registered at statutes rela	pany at the place designated in the gent and agree to act in this capa ting to the proper and complete p	his certificate, I hereby accept the appoint icity. I further agree to comply with the pro- performance of my duties, and I am familia	nent as ovisions of a r with and	2
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liability com registered at statutes rela accept the ol	pany at the place designated in ti gent and agree to act in this capa ting to the proper and complete p bligations of my position as regis	his certificate, I hereby accept the appoints city. I further agree to comply with the properformance of my duties, and I am familia tered agent as provided for in Chapter 605	nent as ovisions of a r with and	2
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Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SPT WAH WOODRIDGE LIC" 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.

5798217 8300 SR# 20150054360 You may verify this certificate online at corp.delaware.gov/authver.shtml Authentication: 10015153

Date: 09-09-15