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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE: 817441 7694430

AUTHORIZATION

COST LIMIT

ORDER DATE: October 1, 2015

ORDER TIME : 5:25 PM

ORDER NO. : 817441-005

CUSTOMER NO: 7694430

FOREIGN FILINGS

NAME: WOOD ALTA MAGNOLIA, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_ CERTIFIED COPY XX PLAIN STAMPED COPY ____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams -- EXT# 62935

EXAMINER:

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:

1. Wood Alta Magnolia,			
(Name of For	eign Limited Liability Company; must include "I	Limited Liability Company," "L.L.	C.," or "LLC.")
(If name unavailable, enter a Liability Company," "L.L.C.	iternate name adopted for the purpose of transact	ting business in Florida. The altern	nate name must include "Limited
2. Delaware			
(Jurisdiction under the law company is organized)	of which foreign limited liability	(FEI number, if app	licable)
4. Upon Qualification			
	(Date first transacted business in Florida (See sections 605.0904 & 605.0905, F.S. t	a, if prior to registration.) to determine penalty liability)	
5. 3715 Northside Pkwy	NW, Ste 4-600		
Atlanta, GA 30327			
	(Street Address of Principal Off	fice)	
6. 3715 Northside Pkwy I	NW, Ste 4-600		
Atlanta, GA 30327			u.,
	(Mailing Address)		一
7. Name and street address	ss of Florida registered agent: (P.O. Box No.	OT_acceptable)	
Name:	Corporation Service Company		-2 ASSI
Office Address:	1201 Hays Street		
	Tallahassec	, Florida 32301	5 9 D
	(City)	(Zip co	
Registered agent's accep	tance: gistered agent and to accept service of proc	vess for the above stated corne	ration at the place decimant in
this application, I hereby	accept the appointment as registered agent	and agree to act in this capac	ity. I further agree to comply
with the provisions of all:	statutes relative to the proper and complete	performance of my duties, an	•
ine congunons of my posi	tion as registered agent. Corporation Service Company	2010	Courtney Williams
MANAGEMENT CONTRACTOR AND	By: (Registered agent's	cim (turn)	Asst. Vice President
	(Negisteren agent s	signature)	
•	city and address of the person(s) who has/ha	ave authority to manage is/are:	
WP South Development E	interprises, L.L.C., manager		
3715 Northside Pkwy, Ste	4-600		
Atlanta, GA 30327			
9. Attached is a certificate jurisdiction under the law of the translator must be su	of existence, no more than 90 days old, duly of which it is organized. (If the certificate is abmitted) Clyulul Superior Signature of an author	in a foreign language, a transla	aving custody of records in the tion of the certificate under oath
	Signature of an author	ized person	
This document is executed submitted in a document to	in accordance with section 605.0203 (1) (b) the Department of State constitutes a third d	, Florida Statutes. I am aware the legree felony as provided for in	nat any false information s.817.155, F.S.
	Elizabeth Day		

Typed or printed name of signee

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Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "WOOD ALTA MAGNOLIA, 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 FIRST DAY OF OCTOBER, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "WOOD ALTA MAGNOLIA, LLC" WAS FORMED ON THE NINETEENTH DAY OF AUGUST, A.D. 2015.

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

Authentication: 10167316

Date: 10-01-15