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(Address)						
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(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						
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# **CORPORATE** ACCESS,

When you need ACCESS to the world

INC.

236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

### WALK IN

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	WILBUR-ELLIC COMPANY, LLC		
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PECIAI	L INSTRUCTIONS:		
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#### **COVER LETTER**

TO:		ition Section of Corporation	•				
SUBJE		bur-Ellis Compa	<u> </u>				
			Name of L	imited Liability (	Company		
The end Existen	closed "Ap	oplication by Foreck are submitted	eign Limited Liability Comp d to register the above refere	any for Authoriza	tion to Tra ted liability	nsact Business in Florida," company to transact busin	Certificate of sess in Florida
Please r	return all c	orrespondence c	oncerning this matter to the	following:			
		LEANA GUZM	IAN				
Name of Person							
REGISTERED AGENT SOLUTIONS, INC.							
Firm/Company							
1701 DIRECTORS BLVD SUITE 300							
Address							
	AUSTIN, TEXAS 78744						
City/State and Zip Code							
legal@wilburellis.com							
	_	· · · · · ·	E-mail address: (to be used	for future annual	report not	ification)	
For furt	her inform	nation concerning	this matter, please call:				
	LEANA	GUZMAN		888 _ at (	705-727	74	
		Name of	f Contact Person	Area Code	Day	time Telephone Number	
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314		STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tailahassee, FL 32301					
Enclose		ck for the followi	ing amount: ☐ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filin Certified Copy	ig Fee &	☐ \$160.00 Filing Fee, Co of Status & Certified Co	



January 22, 2016

DAVID P. GRANOFF Vice President and General Counsel dgranoff@wilburellis.com

Florida Department of State R.A. Gray Building 500 South Bronough Street Tallahassee, Florida 32399-0250 Attn: Secretary of State

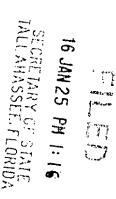
Re: Wilbur-Ellis Withdrawal

#### Ladies and Gentlemen:

Wilbur-Ellis Company hereby withdraws Wilbur-Ellis Company from the Florida Secretary of State, and such withdrawal will not be revoked by Wilbur-Ellis Company.

Sincerely,

David P. Granoff



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

IN COMPLIANCE WITH SECTION 608,0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TOTRANSACT REISNESS IN THE STATE OF FLORIDA:

1. Wilbur-Ellis Company (Name of For	LLC eign Limited Liability Company; mus	st inclu	de "Limited Liab	oility Company," "L.L.C.," o	r "LLC.")	<u>·</u>	
Liability Company," "L.L.C,	iternate name adopted for the purpose " or "LLC.")	of tra	nsacting business	s in Florida. The alternate na	me must include	"Limit	ed
2. CALIFORNIA		3.	94-0981840				
(Jurisdiction under the law company is organized)	of which foreign limited liability			(FEI number, if applicable	•)		
4. UPON APPROVAL					_		
	(Date first transacted busine (See sections 605.0904 & 605.						
5. 345 California Street,	27th Floor, San Francisco, CA 9	1104		<del></del>	_		
<del> </del>	(Street Address of )	-incin	( Office)		_ <u>-</u>		
345 California Street	27th Floor, San Francisco, CA 94	•	n Onice)		<i>≥</i> 0	5	
6. <u>343 California Subst</u>	271111001, 011111111110100, 0.17				- SE		it or produce.
					_ <del>_</del>	JAN :	E E
	(Mailing /	iddress	3)			25	Paint street and
7. Name and street addres	s of Florida registered agent: (P.	O. Boz	k <u>NOT</u> accepts	ıble)		<b>P</b>	TT
Name:	Registered Agent Solutions, Inc	; <u>.                                    </u>				<del></del>	
Office Address:	155 Office Plaza Dr., Suite A			-	DRIG DARG	<u>av</u>	
	Tallahassee,			, Florida 32301	7		
	(City)			(Zip code)	_		
designated in this application to comply with the provision to the complete the c	gistered agent and to accept servition, I hereby accept the appoint ons of all statutes relative to the pay accident agent.	ment d proper	is registered ag and complete	ent and agree to act in ti	is capacity. I s, and I am fa	furthe	r agree
8. The name, title or capa	city and address of the person(s)	who h	as/have authori	ty to manage is/are:			
	r - 345 California Street, 27th Flo						
David P. Granoff, Manage	er - 345 California Street, 27th Flo	oor, Se	ın Francisco, C	A 94104	<del></del>		
Michael J. Hunter, Manag	er - 345 California Street, 27th F	oor, S	an Francisco, C	CA 94104			
	000	rtificat		n language, a translation o			
	in accordance with section 605.0 the Department of State constitut	203 (1	) (b), Florida S	tatutes. I am aware that an		tion	
	David P. Granoff, Manager			E			

Typed or printed name of signee

### State of California

### Secretary of State

#### **CERTIFICATE OF STATUS**

ENTITY NAME: WILBUR-ELLIS COMPANY LLC

FILE NUMBER:

201600410312

**FORMATION DATE:** 

01/04/2016

TYPE:

DOMESTIC LIMITED LIABILITY COMPANY

JURISDICTION:

**CALIFORNIA** 

STATUS:

**ACTIVE (GOOD STANDING)** 

I, ALEX PADILLA, Secretary of State of the State of California, hereby certify:

The records of this office indicate the entity is authorized to exercise all of its powers, rights and privileges in the State of California.

No information is available from this office regarding the financial condition, business activities or practices of the entity.

IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of January 15, 2016.

ALEX PADILLA
Secretary of State