Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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Division of Corporations

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Email Address:

Foreign Limited Liability Company MSCI 2006-HQ8 WELLS ROAD, LLC

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APR 29 2016

4/28/2016

4/26/2016 1:36:52 PM From: To: 8506176383(2/5)

	COVER LETTER
TO: Registration Section Division of Corporations	
SUBJECT: MSCI 2006-HQ8 WELLS ROAD, LL	c ·
Nam	of Limited Liability Company
The enclosed "Application by Foreign Limited Liab Existence, and check are submitted to register the ab	lity Company for Authorization to Transact Business in Florida," Certificate of ove referenced foreign limited liability company to transact business in Florida.
Please return all correspondence concerning this ma	ter to the following:
TAUSHA WAGNER	
	Name of Person
LNR PROPERTY, LLC	
	Firm/Company
1601 WASHINGTON AVENUE,	
	Address
MIAMI BEACH, FL 33139	
***************************************	City/State and Zip Code
TWAGNER@LNRPROPERTY.CO	м
E-mail ackiress:	to be used for future annual report notification)
For further information concerning this matter, please	call:
TAUSHA WAGNER	at (305) 695-5840
Name of Contact Person	Area Code Daytime 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 Tallahassee, FL 32301
Enclosed is a check for the following amoun	t:
□ \$125.00 Filing Fee □ \$130.00 Filing Certificate of S	Fee & MS \$155.00 Filing Fee & S \$160.00 Filing Fee, Certificate

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:

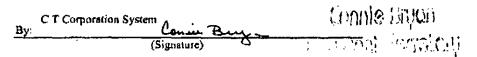
1. MSCI 2006-HQ8 WELLS					
(Name of Foreign L	imited Liability Company; must	include "Limited Liabi	lity Company,""L.L.C.	," or "LLC")	
(If name unavailable, enter alternational Liability Company," "L.L.C," or	te name adopted for the purpose "LLC.")	of transacting business	in Florida. The alterna	te name must incl	lude "Limited
2 DELAWARE		3.			
(Jurisdiction under the law of w company is organized)	hich foreign limited liability	····	(FEI number, if ap	plicable)	
4. <u>N/A</u>					
	(Date first transacted busine (See sections 605,0904 & 605,0	ss in Florida, if prior to 1905, F.S. to determine	registration.) penalty hability)		
5. 1601 WASHINGTON AV	ENUE, 7TH FLOOR				
MIAMI BEACH, FL 3313					
	(Street Ad	dress of Principal Office	2)		
6. SAME AS ABOVE		· · · · · · · · · · · · · · · · · · ·			
	-7	Mailing Address)			
	·	-			
7. The name, title or capa	acity and address of the p	person(s) who has	/have authority to	manage is/ar	re;
U.S. BANK NATIONAL ASS	OCIATION, AS TRUSTEE,	ETC., THE SOLE M	EMBER		
1601 WASHINGTON AVEN	JE. SUITE 700				
MIAMI BEACH, FL 33139					
8. Attached is an original of having custody of records acceptable. If the certificat must be submitted)	in the jurisdiction under	the law of which	it is organized. (A	h photocopy i	is not
(in accordance with section 605.0203, i am aware that any false information sub	F.S., the execution of this document	I an authorized pe consultates an affirmation ment of State constitutes a	under the penalties of perj	vided for in \$ 8,13,1.	ated herein are true.
	TAUSHA WAGNER,	AUTHORIZED PERS	SON		The Proper
		ited name of signe		ARY OF STATE SEE. FLORIDA	EO

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.

If unavailable, the alternate to be used in the state of Florida is:					
2. The name and the Florida street address of the registered agent and office are:					
	C T Corporation System		y Poggs Poggs Pogstall Regulation		
		(Name)	201		
	1200 South Pine Island Ros	ad	PR 20		
	Florida Stree	t Address (P.O. Box NOT ACCEPTABLE)	——————————————————————————————————————		
	Plantation	FL 33324	STA1		
		City/State/Zip	- 		

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 duties, 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)



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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MSCI 2006-HQ8 WELLS ROAD, 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 TWENTY-SEVENTH DAY OF APRIL, A.D. 2016.

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

6026091 8300 SR# 20162610843

Authentication: 202219878

Date: 04-27-16

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