M16000006174

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT	MAIL				
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status	S				
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Special Instructions to Filing Officer:					

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16 AUG -3 AH 9: 02 SECREPARY OF STATE VALUATIONS FOR TORIDA

#GP# 1980 - 15 AUG - 3 PM 2: 07

7. Hobbish

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 242256 7694430

AUTHORIZATION

COST LIMIT : 125.00

ORDER DATE: August 3, 2016

ORDER TIME: 12:43 PM

ORDER NO. : 242256-005

CUSTOMER NO: 7694430

FOREIGN FILINGS

NAME: WOOD HARBOR PARK, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender -- EXT# 62956

EXAMINER:

COVER LETTER

TO: Registration Section

Divisio	n of Corporatio	ns					
SUBJECT:	ood Harbor Park,	LLC					
	Name of Limited Liability Company						
The enclosed "A Existence, and c	Application by Fo heck are submitt	reign Limited Liability Con ed to register the above refe	npany for Authoriza renced foreign limi	ation to Tra ted liabilit	ansact Business in Florida," Certificate of y company to transact business in Florida		
Please return all	correspondence	concerning this matter to th	e following:		·		
		1	Name of Person	. <u></u>			
			F: (G	_			
	Firm/Company						
	Address						
		City/	State and Zip Code	•			
		E-mail address: (to be us	ed for future annua	report no	tification)		
For further infor	mation concerning	ng this matter, please call:					
	77	of Contact Person	at (Area Code	J	time Telephone Number		
	Name	of Contact Person	Area Code	Day	time Telephone Number		
MAILING ADDRESS: Division of Corporations				F ADDRESS: of Corporations			
	ation Section ox 6327			Registration Section Clifton Building			
	ussee, FL 32314			2661 Exe	ecutive Center Circle see, FL 32301		
Enclosed is a ch	eck for the follow	ving amount:					
	5.00 Filing Fee	☐ \$130.00 Filing Fee & Certificate of Status	S155.00 Filin Certified Copy	-	☐ \$160.00 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:

Wood Harbor Park, LL	c	
(Name of Fore	eign Limited Liability Company; must include "Limited Liability Company," "L.L.	C.," or "LLC.")
If name unavailable, enter al	ternate name adopted for the purpose of transacting business in Florida. The altern	nate name must include "Limited
Liability Company," "L.L.C,"		
Delaware	of which foreign limited liability 3. 81-3400310 (FEI number, if app	P-11-
company is organized)	or which foreign finited dathiny [FEI number, it app	ncable)
. Upon Qualification		
	(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)	
. 3715 Northside Pkwy l	NW, Ste 4-600	PS 75
Atlanta, GA 30327		
	(Street Address of Principal Office)	
3715 Northside Pkwy N	TW, Ste 4-600	loger ω i Hard war
		To the same of the
Atlanta, GA 30327	(Mailing Address)	
	• • •	当点 2
. Name and street addres	s of Florida registered agent: (P.O. Box NOT acceptable)	ت.>
Name:	Corporation Service Company	
Office Address:	1201 Hays Street	,
	Tallahassee , Florida 32301	
	(City) (Zip co	ode)
esignated in this applicate complywith the provision	gistered agent and to accept service of process for the above stated limite tion, I hereby accept the appointment as registered agent and agree to account on a statute of the proper and complete performance of my no position as registered agent. Corporation Service Company By:	et in this capacity. I further agree
	(Registered agont's signature)	tiesident
8. The name, title or capa	city and address of the person(s) who has/have authority to manage is/are:	•
_	interprises, LLC, its manager	
715 Northside Pkwy NW	7, Ste 4-600	
Atlanta, GA 30327		
. Attached is a certificate	of existence, no more than 90 days old, duly authenticated by the official hof which it is organized. (If the certificate is in a foreign language, a translationisted) Signature of an authorized person Lin accordance with section 605,0203 (1) (b). Florida Statutes, Lam aware to	
	signature of an authorized person	
This document is executed ubmitted in a document to	the Department of State constitutes a third degree felony as provided for in	hat any false information a s.817.155, F.S.
	Beth Day	
	Typed or printed name of signee	

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "WOOD HARBOR PARK, 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 THIRD DAY OF AUGUST, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "WOOD HARBOR PARK, LLC" WAS FORMED ON THE TWENTY-NINTH DAY OF JULY, A.D. 2016.

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

Authentication: 202767826

Date: 08-03-16

6110402 8300 SR# 20165208812