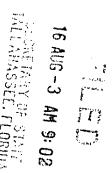
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(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



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AUG 0 4 2016 Y SULKER CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE : 242256 7694430

AUTHORIZATION : Smell Class

COST LIMIT : \$/125.00

ORDER DATE : August 3, 2016

ORDER TIME : 12:45 PM

ORDER NO. : 242256-015

CUSTOMER NO: 7694430

FOREIGN FILINGS

NAME: WDF-4 WOOD HARBOR PARK

OWNER, 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

Registration Section
Division of Corporations

TO:

SUBJECT	WDF-4 Wood Harb	or Park Owner, LLC						
SCHILLI	•	Name of I	imited Liability	Company				
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida								
Please retu	rn all correspondence o	oncerning this matter to the	following:					
		Na Na	me of Person	<u> </u>				
	Firm/Company							
			Address					
			Aduless					
		City/State and Zip Code						
		E-mail address: (to be used for future annual report notification)						
For further	information concerning	this matter, please call:	and reserve disting	. report non				
101 101 101	anomadon concerning	; uns mauer, prease can.						
_			at (Area Code	د	ime Telephone Number			
		f Contact Person	Area Code	Day	ime Telephone Number			
	AILING ADDRESS: vision of Corporations				ADDRESS: of Corporations			
Re	gistration Section			Registrati	on Section			
	O. Box 6327 Illahassee, FL 32314				oilding cutive Center Circle se, FL 32301			
	a check for the follow		_					
	\$125.00 Filing Fee	□ \$130.00 Filing Fee & Certificate of Status	□ \$155.00 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:

WDF-4 Wood Harbor F	Park Owner, LLC	
(Name of Fore	eign Limited Liability Company; must include "Limited Liability Comp	pany," "L.L.C.," or "LLC.")
If name unavailable, enter al iability Company," "L.L.C,	tternate name adopted for the purpose of transacting business in Florida. " or "LLC.")	a. The alternate name must include "Limited
Delaware	₃ 81-3439595	
company is organized)	of which foreign limited liability (FEI num	mber, if applicable)
Upon Qualification		
	(Date first transacted business in Florida, if prior to registration (See sections 605.0904 & 605.0905, F.S. to determine penalty lia	
3715 Northside Pkwy l		
Atlanta, GA 30327		
3715 Northside Pkwy N	(Street Address of Principal Office) NW, Ste 4-600	
Atlanta, GA 30327		
	(Mailing Address)	2.44
. Name and street addres	ss of Florida registered agent: (P.O. Box NOT acceptable)	产
Name:	Corporation Service Company	18 8 C
Office Address:	1201 Hays Street	SSE &
	Tallahassee , Florida	32301
	(City)	(Zip code)
legistered agent's accep	tance: gistered agent and to accept service of process for the above sta	
	tion, I hereby accept the appointment as registered agent and a	
	ons of all statutes relative to the proper and complete performa	ince of my duties, and I am familiar with
ccept the obligations of i	my position as registered agent. Corporation Service Company	
	By:	Melissa Zender
	(Registered agent's argnature)	Asst. Vice President
3. The name, title or cape	acity and address of the person(s) who has/have authority to mana	
=	k Manager, LLC, its manager	
715 Northside Pkwy NW		
Atlanta, GA 30327		
	·	
	Signature of an authorized person	
his document is executed	d in accordance with section 605.0203 (1) (b), Florida Statutes. I at the Department of State constitutes a third degree felony as prov	am aware that any false information
aonaned in a oogungiit ((Beth Day	vided for in 5.017.133, F.S.
	Typed or printed name of signee	

Page 1

<u>Delaware</u>

The First State

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

DELAWARE, DO HEREBY CERTIFY "WDF-4 WOOD HARBOR PARK OWNER, 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 "WDF-4 WOOD HARBOR PARK OWNER, 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: 202767835

Date: 08-03-16

6110399 8300 SR# 20165208834