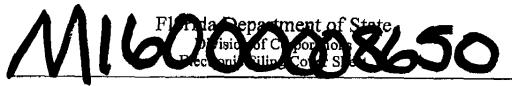
Division of Corporations

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Page 1 of 1



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(((H16000266825 3)))

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Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : WILLIAMS, PARKER, HARRISON, DIETZ & GETZEN, P.A.

Account Number : 072720000266 Phone : (941)366-4800 Fax Number : (941)552-7141

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: __cdevie@lwhomes.com

RECEIVET 2016 OCT 28 AM ID: 10 SECRLIARY OF STATE TALLAHASSEE, FILORIDA

Foreign Limited Liability Company WEST COAST LAND PARTNERS, LLC

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H16000266825 3

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 RUSINESS. IN THE STATE OF FLORIDA.

(If name unavailable, enter a	Iternate name adopted for the purpo	se of transacting business in Florida. The alternate name must include "	Limited
Liability Company," "L.L.C, 2. DELAWARE	" or "LLC,")	R1 4220140	
(Jurisdiction under the law	of which foreign limited liability	3. 81-4229160 (FEI number, if applicable)	
company is organized)	,	,, ,,	
4	(Date first transacted husin	ness in Florida, if prior to registration.)	ي ي
		ness in Florida, if prior to registration.) 5.0905, F.S. to determine penalty liability)	<u>ੂ</u> ਨ
5. 6985 PROFESSIONA	L PARKWAY EAST		16 OCT
SARASOTA, FL 342	40		्र २
	(Street Address of	Principal Office)	27 0# 06
6. 6985 PROFESSIONAL	L PARKWAY EAST		
SARASOTA, FL 342	40		16 OCT 27 AMII: 59
		(Address)	55 56
7. Name and street address	ss of Florida registered agent: (F		7%
	CROSS STREET CORPORA	·	
Name:	200 SOUTH ORANGE AVE		
Office Address:			
	SARASOTA	, Florida 34236 (Zip code)	
	(Cito)		
Registered agent's accep			est e t
Having been named as re designated in this applica to complywith the provisi	stance: egistered agent and to accept ser stion, I hereby accept the appoint ons of all statutes relative to the my position as registered disposit,	rvice of process for the above stated limited liability company at Amont as registered agent and agree to act in this capacity. I fi e proper and camplete performance of my duties, and I am fam	irther agree
Having been named as re designated in this applica to complywith the provisi accept the obligations of	stance: egistered agent and to accept ser tion, I hereby accept the appoint ons of all statutes relative to the my position as registered appoint, (Regis	rvice of process for the above stated limited liability company at amont as registered agent and agree to act in this capacity. I fix proper and complete performance of my duties, and I am fam	irther agree
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Typed or printed name of signee

<u>Delaware</u>

Page 1

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

DELAWARE, DO HEREBY CERTIFY "WEST COAST LAND PARTNERS, 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-FIFTH DAY OF OCTOBER, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "WEST COAST LAND FARTNERS, LLC" WAS FORMED ON THE THIRTEENTH DAY OF OCTOBER, A.D. 2016.

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

6181540 8300 SR# 20166353574

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

Jeffrey W. Bullock, Secretary of State

Authentication: 203221350

Date: 10-25-16



October 31, 2016

FLORIDA DEPARTMENT OF STATE Division of Corporations

CT CORPORATION SYSTEM

SUBJECT: WEST COASTLAND PARTNERS, LLC

REF: W16000073558

Space

We have received your document for WEST COASTLAND PARTNERS, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to s.605.0902(1)(e), Florida Statutes, the document must contain the name, title or capacity and address of at least one person who has the authority to manage the foreign limited liability company.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia I Simmons Regulatory Specialist II FAX Aud. #: H16000266825 Letter Number: B16A00023293