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## Foreign Limited Liability Company WE Fairways of Carolina LLC

Certificate of Status	U
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## COVER LETTER

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	istration Section sion of Corporation	ns						
SUBJECT:		WE Fairways of Carolina Owner LLC						
SUBSECT.		Name of	Limited Liability C	Company				
The enclosed Existence, an	"Application by For d check are submitte	reign Limited Liability Comp d to register the above refer	pany for Authorizat enced foreign limit	tion to Tra ed liability	ensact Business in Florida," Certificate of company to transact business in Florida.			
Please return	all correspondence of	concerning this matter to the	following:					
	Michael Kapla	n						
		N.	ame of Person		<del></del>			
	Harkavy Shain	berg Kaplan & Dunstan PLO	2					
	Firm/Company							
	6060 Poplar Ave, Ste 140							
			Address					
	Memphis, TN	38119						
		City/S	tate and Zip Code					
	mkaplan@harka	vyshainberg.com						
		E-mail address: (to be use	d for future annual	report not	ification)			
For further in	formation concernin	g this matter, please call:						
Mic	chael Kaplan		901	491-53	26			
<del></del>	Name c	of Contact Person	Area Code	Day	26 rtime 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						
	check for the follow 125,00 Filing Fee	ring amount:  \$\Bigsig \\$130.00 \text{ Filing Fee & Certificate of Status}	☐ \$155.00 Filin Certified Copy	ig Fee &	☐ \$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 HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

i	WE Fairways of Carolina Owner LL			
(Name of Fore	ign Limited Liability Company; must include "Limited Liab	oility Company," "L.L.C.," or	'LLC.")	
(If name unavailable, enter all	ternate name adopted for the purpose of transacting busines	s in Florida. The alternate nam	e must includ	ie "Limited
Liability Company," "L.L.C,"				
2. Delaware	3	(FEI number, if applicable)		
(Jurisdiction under the law) company is organized)	of which foreign limited liability	(FEI number, if applicable)		
4. upon filing		<del></del>	-	
	(Date first transacted business in Florida, if prior to (See sections 605.0904 & 605.0905, F.S. to determine	registration.) penalty liability)		
5. 12 College Road			_	
Monsey NY 10952				
	(Street Address of Principal Office)		-	
6. 12 College Road			_	
Monsey NY 10952				
<del></del>	(Mailing Address)		_	
7 Name and street addres	s of Florida registered agent: (P.O. Box NOT accept	able)		
	C T Corporation System			
Name:		_	57.	,
Office Address:	1200 South Pine Island Road	_	T > 2	<b>7</b> Ji
	Plantation	_ , Florida 33324 (Zip code)	_ <u></u>	Ę
<b>1</b> 5 - 1 - 1 - 1 - 1 - 1 - 1	·	(Zip code)	388	<b>ૻ</b>
Registered agent's accep	gistered agent and to accept service of process for th	e above stated limited liabi	lity Company	🗃 thể pláce
designated in this applica-	tion, I hereby accept the appointment as registered a	gent and agree to act in thi	is capacity.	<b>U</b> urther agree
	ons of all statutes relative to the proper and complete my position as registered agent.	e perjormance of my aunes		F-
•	C T Corporation System UV	lga Hinkel - VP	F	.o
	(Registered agent's signature)	<u> </u>	_	
9. The name title or can	acity and address of the person(s) who has/have author	rity to manage is/are:		
•	ger - 12 College Road, Monsey NY, 10952	itty to manage 15 are.		
	<u> </u>	<u></u>	<del></del>	
fsrael Orzel - Manager - I	2 College Road, Monsey NY, 10952	<del>_</del>	<del></del>	
			<u> </u>	
0 Attached is a curtificate	of existence, no more than 90 days old, duly authenti-	cated by the official having	custody of r	ecords in the
jurisdiction under the law	of which it is organized. (If the certificate is in a forei	gn language, a translation o	f the certific	ate under oath
of the translator must be si	ubmitted) Maka OOTA			
			_	
	Signature of an authorized perso	n		
This document is executed	d in accordance with section 605.0203 (1) (b), Florida	Statutes, I am aware that any	y false inform	nation
Submitted in a document to	the Department of State constitutes a third degree fel Michael Kaplan	ony as provided for in s.617	, i p p , i , i , i , i	
	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 "WE FAIRWAYS OF CAROLINA 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 FIFTH DAY OF JULY, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "WE FAIRWAYS OF CAROLINA OWNER LLC" WAS FORMED ON THE THIRTEENTH DAY OF JUNE, A.D. 2017.

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

6444815 8300 SR# 20175088930

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

Authentication: 202828623

Date: 07-05-17