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PICK-UP	Mait	MAIL
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Certified Copies	_ Certificates	of Status
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SER I RIPERIS

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE : 817673 4341431

AUTHORIZATION :

COST LIMIT : \$71.25.00

ORDER DATE: September 14, 2017

ORDER TIME : 10:02 AM

ORDER NO. : 817673-015

CUSTOMER NO: 4341431

FOREIGN FILINGS

NAME: THE WATERS - VENTURE I, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender -- EXT# 62956

EXAMINER:

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:

2. <u>D</u>		ame adopted for the purpose of transacting business in		iability Company," "L.L.C	or "LLC.	7)
	elaware	both foreign limited liability company is organized)	3. applied for	mber, if applicable)		
		and invited the strong company is or games of	() = 1 100	moci, it applicables		
4		(Date first transacted business in Florida, if prior	to regularation)			
	4050 5	(See sections 605.0904 & 605.0905, F.S. to dete	rntine penalty liability)			
5. ;	4350 East Camelback ((Street Address of F		6. 4350 East Camelback Ro			
1	Phoenix, Arizona 850		Phoenix, Arizona 85018	ouiess)	253	
-				3 - 10	· · · · ·	u.
-				n.	- 	lica
7.]	Name and street addres	ss of Florida registered agent: (P.O. Bo	ox NOT acceptable)	<u> </u>	5	7-
		Corporation Service Company	<u></u>	~ .	.1-	2-
	Name:	Corporation Service Company		· <u>-</u> '	Dr	7 ;
	Office Address:	1201 Hays Street		ŗ.;	က ထဲ	٠
		Tallahassee	, Florida 32301	27		
		(City)	(Zip c	ode)		
and	accept the obligation.	s of my position as registered agent, M	er and complete performance of m	Melissa Zen	<i>familia</i> der	with
and	accept the obligation.	s of my position as registered agent, (Registered agent	er and complete performance of m	_	<i>familia</i> der	r with
and	accept the obligation.	s of my position as registered agent.	er and complete performance of m	Melissa Zen Asst. Vice Pre	familia der sident	with
ana	The name, title or capa	(Registered agent, as registered agent, (Registered agent) acity and address of the person(s) who	has/have authority to manage is/are:	Melissa Zen Asst. Vice Pre	familia der sident	r with
ana	The name, title or capa	(Registered agent, (Registered agent, acity and address of the person(s) who Name and Address: WF Portfolio - Venture I, LI 4350 E. Camelback Rd. A IO	has/have authority to manage is/are: Title or Capacity:	Melissa Zen Asst. Vice Pre	familia der sident	r with
ana	The name, title or capa	(Registered agent, (Registered agent) acity and address of the person(s) who Name and Address: WF Portfolio - Venture I, LI	has/have authority to manage is/are: Title or Capacity:	Melissa Zen Asst. Vice Pre	familia der sident	r with
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<i>and</i>	The name, title or capa	(Registered agent, (Registered agent) (Registered agent) acity and address of the person(s) who Name and Address: WF Portfolio - Venture I, LI 4350 E. Camelback Rd. A10 Phoenix, Arizona 85018	has/have authority to manage is/are: Title or Capacity:	Melissa Zen Asst. Vice Pre	familia der sident	r with
(Us 9. A	The name, title or capa Title or Capacity: Member se attachments if neces. Attached is a certificate soliction under the law	acity and address of the person(s) who Name and Address: WF Portfolio - Venture I, LI 4350 E. Camelback Rd. A10 Phoenix. Arizona 85018 sary) of existence, no more than 90 days old of which it is organized. (If the certific	has/have authority to manage is/are: Title or Capacity:	Melissa Zen Asst. Vice Pres Name and Ad	der sident dress:	n the
(Us 9. A juri:	The name, title or capa Title or Capacity: Member se attachments if neces attached is a certificate soliction under the law he translator must be so	we position as registered agent. (Registered agent) (Registered agent) acity and address of the person(s) who Name and Address: WF Portfolio - Venture I, LI 4350 E. Camelback Rd. A10 Phoenix. Arizona 85018 sary) of existence, no more than 90 days old of which it is organized. (If the certific ubmitted)	that the deficient of t	Melissa Zen Asst. Vice Pres Name and Ad naving custody of ration of the certification	der sident dress:	n the
8. (Us 9. A juri: of the solution of the solution)	The name, title or capa Title or Capacity: Member Se attachments if neces attached is a certificate soliction under the law the translator must be su This document is exec	acity and address of the person(s) who Name and Address: WF Portfolio - Venture I, LI 4350 E. Camelback Rd. A10 Phoenix. Arizona 85018 sary) of existence, no more than 90 days old of which it is organized. (If the certific	that the authority to manage is/are: Title or Capacity: I, duly authenticated by the official late is in a foreign language, a transl: 03 (1) (b), Florida Statutes. I am away.	Melissa Zen Asst. Vice Pres Name and Ad naving custody of ration of the certificate that any false in	der sident dress:	n the



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

DELAWARE, DO HEREBY CERTIFY "THE WATERS-VENTURE I, 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 THIRTEENTH DAY OF SEPTEMBER, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "THE WATERS-VENTURE I, LLC" WAS FORMED ON THE FIFTEENTH DAY OF AUGUST, A.D. 2017.

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

Authentication: 203218474

Date: 09-13-17