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RES - A POR ASSESSED

LEC OS 2017 I. HARRIS CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 940669 434143

AUTHORIZATION

COST LIMIT : (\$ 1-25.00

ORDER DATE: December 4, 2017

ORDER TIME : 3:22 PM

ORDER NO. : 940669-005

CUSTOMER NO: 4341431

FOREIGN FILINGS

NAME: HIDEAWAY - 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: Roxanne Turner -- EXT# 62969

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:

name unavailable, enter alternate n	ame adopted for the purpose of transacting business in Floric	da. The alternate name must include "Limited Lial	bility Company," "L.L.C," or "LLC.")
Delaware		3. 82-3247769	
(Jurisdiction under the law of w	hich foreign limited liability company is organized)		ber, if applicable)
	(Date first transacted business in Florida, if prior to re (See sections 605,0904 & 605,0905, F.S. to determine	gistration.)	
4350 Fast Camelhack			d. Suite A100
4350 East Camelback	nncipal Office)	6. 4350 East Carnelback Road (Mailing Add	ress)
Phoenix, Arizona 850	18	Phoenix, Arizona 85016	22
			7 0
			i. C
7. Name and street address of Florida registered agent: (P.O. B		NOT acceptable)	· · · <u> </u>
**************************************		<u> </u>	
Name:	Corporation Service Company	_	
Office Address:	1201 Hays Street		<u>ب</u> ي آ
	T-H-L	22201	
	Tallahassce (Ciry)	, Florida 32301 (Zip cod	
signated in this applica comply with the provisi	egistered agent and to accept service of po tion, I hereby accept the appointment as ions of all statutes relative to the proper a s of my position as registered agent.	registered agent and agree to act and complete performance of my	in this capacity. I further duties, and I am familiar
signated in this applica comply with the provisi	ation, I hereby accept the appointment as ions of all statutes relative to the proper a s of my position as registered agent.	registered agent and agree to act and complete performance of my Ly(Assi	in this capacity. I further
esignated in this applica comply with the provisi ad accept the obligation	tion, I hereby accept the appointment as ions of all statities relative to the proper a	registered agent and agree to act and complete performance of my Ly(Asse	in this capacity. I further duties, and I am familiar dia Cohen
signated in this applica comply with the provisi id accept the obligation . The name, title or capi	ation, I hereby accept the appointment as ions of all statutes relative to the proper a s of my position as registered agent. (Registered agent's sinciply and address of the person(s) who has	registered agent and agree to act and complete performance of my Ly(Asset Granture) Whave authority to manage is/are:	in this capacity. I further duties, and I am familiar dia Cohen t . Vice P resident
signated in this applica comply with the provisi d accept the obligation The name, title or capa Title or Capacity:	action, I hereby accept the appointment as ions of all statutes relative to the proper a s of my position as registered agent. (Registered agent's since y and address of the person(s) who has Name and Address: WF Portfolio- Venture I, LLC 4350 E. Camelback Rd. A 100	registered agent and agree to act and complete performance of my Ly(Asset Granture) Whave authority to manage is/are:	in this capacity. I further duties, and I am familiar dia Cohen t . Vice P resident
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esignated in this applicate comply with the provising accept the obligation. The name, title or capative: Member Use attachments if necess. Attached is a certificate crisdiction under the law if the translator must be so. This document is executed.	acion, I hereby accept the appointment as ions of all statutes relative to the proper as of my position as registered agent. (Registered agent's sin acity and address of the person(s) who has Name and Address: WF Portfolio- Venture I, LLC 4350 E. Camelback Rd. A100 Phoenix, Arizona 85018 stary) c of existence, no more than 90 days old, dof which it is organized. (If the certificate ubmitted)	registered agent and agree to act and complete performance of my Ly(Assets) Whave authority to manage is/are: Title or Capacity: Luly authenticated by the official had is in a foreign language, a translate (1) (b), Florida Statutes. I am away	in this capacity. I further duties, and I am familiar dia Cohen to Vice President Name and Address: aving custody of records in tion of the certificate under the that any false information
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Cody Childs, Authorized Signatory for WF Portfolio - Venture I, LLC, Member

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 "HIDEAWAY - 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 FIRST DAY OF DECEMBER, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "HIDEAWAY - VENTURE I, LLC" WAS FORMED ON THE TWENTY-SEVENTH DAY OF OCTOBER, A.D. 2017.

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

Authentication: 203670052

Date: 12-01-17