12/6/2017

Division of Corporations

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (512)418-6949

Fax Number : (954)208-0845

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

Email Address:_

Foreign Limited Liability Company WBL/ARH, LLC

Certificate of Status	. 0
Certified Copy	0
Page Count	04
Estimated Charge	\$1,041.25

Electronic Filing Menu

Corporate Filing Menu

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COVER LETTER

TO:	Registration Section				
	Division of Coroneath				

WBL/ARH, LLC SUBJECT:

Name of Limited 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 return all correspondence concerning this matter to the following:

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Vedder Price P.C.			• •					•	
		Fi	m/Cons	pany		··· ·	-· - · · · · · · · · · · · · · · · · ·		
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Chicago, IL 60601		•	•			`			
• .	 -	City/St	ate and	Zip Co	ત્રાંદ			A- 4-	
podbielski@vedderprice	com			,			•		
[] ma. []	address: (to		San Field						

For further information concerning this matter, please cell:

cpodbielski@veddarprice.com 609-7673 Daytime Telephone Number Name of Contact Person Area Code

MAILING ADDRESS: Division of Corporations

Registration Section-P.O. Box 6327 Tallahassee, PL 32314

STREET ADDRESS.

Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahasses, FL 32301

Enclosed is a check for the following amount:

□ \$125.00 Filing Fee □ \$130.00 Filing Fee & □ \$155.00 Filing Fee & Certificate of Status

Certified Copy

□ \$160.00 Filing Fee, Certificate of Status & Certified Copy

3.37

12.7

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

	name adopted for the purpose of transacting business in	s Florida. The alternate name must include "Line	ited Limbilly Company	y," "L, L, C, " or "[]	.c. ")
Delavure (Jurisdiction wider the law of	which fate on limited liability company is organized)	3	El autober il applicati	/a)	_
August 29, 2014	· · · · · · · · · · · · · · · · · · ·	·		,	
	(Date first transacted business in Merida, if price (See sections 605,0904 & 605,0905, F.S. to date	r to registrating.)			
4292 Corporate Squa	re, Suite C	6. 4292 Corporate Squar	e, Suite C		
(Sheet Address of Naples, Florida 34104				>in	
Napies, Florida 34104	<u> </u>	Naples, Florida 34104	·] [[
		· · · · · · · · · · · · · · · · · · ·	······································	1 - 17 -) <u>:</u> (
. Name and street addre	ss of Florida registered agent: (P.O. B	iox-NOT acceptable)			1
Name:	WB Lending, Inc.			75 (m/g 783 g	σ _ν
	·	**************************************			
Office Address:	4292 Corporate Square, Suite C	The second secon		宝"	CO.
•	Naples (City)	6 , Florida 34104	<u> </u>	Ö.,.	0
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nd accept the obligation		17 Septa0	avid N. Sexton	, President	
	WB Londing, Inc.	t's signance) has/have authority to manage is/s	ıre:	, President nd Address:	
i. The name, title or cap	WB Lending, Inc. (Registered agent acity and address of the person(s) who Name and Address: David N. Sexton	has/have authority to manage is/s Title or Capacity: Manager	ire: <u>Name a</u> Jim Wa	nd Address;	
Title or Capacity:	WB Lending, Inc. (Registered agent acity and address of the person(s) who Name and Address: David N. Sexton 4292 Corporate Square, Ste	has/have authority to manage is/s Title or Capacity: Manager	ire: <u>Name a</u> Jim Wa 4292 C	nd Address;	arc. Sto (
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The name, title or cap Title or Capacity:	WB Lending, Inc. (Registered agent acity and address of the person(s) who Name and Address: David N. Sexton 4292 Corporate Square. Ste Names, FL 34104 James R. Stevens	has/have authority to manage is/s Title or Capacity: Manager C	ire: <u>Name a</u> Jim Wa 4292 C	nd Address;	ore. 300 C
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The name, title or cap Title or Capacity: Manager & Presiden	WB Lending, Inc. (Registered agent acity and address of the person(s) who Name and Address: David N. Sexton 4293 Corporate Square. Ste Names, FL 34104	has/have authority to manage is/s Title or Capacity; Manager C	ire: <u>Name a</u> Jim Wa 4292 C	nd Address;	erc. Sto

Typed or primed dame of signer



Page 1

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

DELAWARE, DO HEREBY CERTIFY "WBL/ARH, 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 SIXTH DAY OF DECEMBER, A.D. 2017.

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

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5595045 8300 SR# 20177415033

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

Authentication: 203697710

Date: 12-06-17