## 1118000000379

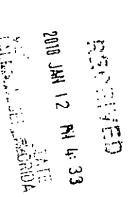
(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
Special Instructions to Filing Officer:							

Office Use Only



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18 JAN 12 AN 10: 28



K. SALY JAN 16 2018 CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 017675 7694430

AUTHORIZATION :

COST LIMIT : \$ 125.00

ORDER DATE: January 12, 2018

ORDER TIME : 1:23 PM

ORDER NO. : 017675-015

CUSTOMER NO: 7694430

------

## FOREIGN FILINGS

NAME: WS LAKE HOUSE, LLC

XXXX QUALIFICATION (TYPE: <u>LL</u>)

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: \_\_\_\_

## **COVER LETTER**

TO:

TO:	Registration Section Division of Corporation	5							
SUBJE	WS Lake House, LL								
	<del></del>	Name of	Limited Liability C	Company					
The enc Existent	losed "Application by Force, and check are submitted	eign Limited Liability Com I to register the above refer	pany for Authoriza enced foreign limit	tion to Tra ed liability	nsact Business in Florida," Company to transact busines	ertificate of s in Florida.			
Please r	eturn all correspondence c	oncerning this matter to the	e following:						
		Name of Person							
Firm/Company									
	Address  City/State and Zip Code								
		E-mail address: (to be use	ed for future annual	report not	ification)				
For furt	her information concerning	g this matter, please call:							
	None	f Contact Person	at ( Area Code	)	time Telephone Number				
	мате о	i Contact Person	Alea Code	Day	time rejeptione (valuoe)				
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314			Division Registrati Clifton B 2661 Exe	ADDRESS: of Corporations ion Section uilding cutive Center Circle ee, FL 32301				
Enclose	ed is a check for the follow \$125.00 Filing Fee	ing amount:  \$\Bigcup \text{\$\subseteq} \$\	☐ \$155.00 Filin Certified Copy	ng Fee &	☐ \$160.00 Filing Fee, Cert 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 LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

	SINESS IN THE STATE OF PEDRIDA:			
L. WS Lake House, LLC		1 4 7 1 7 9	0 1010	<u> </u>
(Name of Foreign L	imited Liability Company; must include "Limited	ı tiabin:	y Company," "E.E.C., or "EEC.")	
(If name massifable, enter alternate na	me adopted for the purpose of transacting business in Flor	ida The a	Iremate name must include "Limited Liabi	hty Company," "L.L.C." or "LLC.")
<sup>2</sup> Delaware			82-3975657	
	ich foreign limited hability company is organized)	. د		r, if applicable)
Hann Ovelification				
4. Upon Qualification	(Date first transacted business in Florida, if prior to r (See sections 605,0904 & 605,0905, F.S. to determine	registratio	1)	<del></del>
2577237 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				01700
5. 3715 Northside Pkwy N		6.	3715 Northside Pkwy NW, (Mailing Address	Sie 4-000 00 15E
Atlanta, GA 30327	•		Atlanta, GA 30327	至经
				2
7. Name and street address	s of Florida registered agent: (P.O. Box	NOT	accentable)	<b>温</b> 5 年 3 年
			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Name:	Corporation Service Company		<del></del>	29
Office Address:	1201 Hays Street			
	Tallahassee		, Florida 32301 (Zip code	
	(Cny)		, monda(Zip code	<del></del> )
Registered agent's accept				
	gistered agent and to accept service of p			
	ion, I hereby accept the appointment as			
	ons of all statutes relative to the proper	and co	implete performance of my d	uties, and I am familiar with
and accept the obligations	of my position as registered agent.  Corporation Service Company	7	0 0 10	Fm!1 ~
	By:	<u>/h</u>	uly cart	Emily Croft  Asst. Vice President
	(Registered agem's	signature)		Asst. Vice President
	city and address of the person(s) who ha			
Title or Capacity:	Name and Address:	<u>T</u>	itle or Capacity:	Name and Address:
Vice President	Beth Day	_		
	3715 Northside Pkwy 4-600		<del></del>	
	Atlanta, GA 30327	-		
		 -	<del></del>	
	<del></del>	_		
(Use attachments if necess	sary)			
O Attached is a certificate	of existence, no more than 90 days old,	duly ac	athenticated by the official has	ving custody of records in the
	of which it is organized. (If the certificat			
of the translator must be su	ibmitted)			
10. This document is away	uted in accordance with section 605.0203	3 (1) (b	) Florida Statutus I am aumrs	a that any false information
	the Department of State constitutes a th			
•	Beth Day	S	•	
	Signature	of an auth	norized person	
			•	

Typed or printed name of signee

Beth Day



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

DELAWARE, DO HEREBY CERTIFY "WS LAKE HOUSE, 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 TWELFTH DAY OF JANUARY, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "WS LAKE HOUSE, LLC" WAS FORMED ON THE FOURTH DAY OF JANUARY, A.D. 2018.

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

DIVISION OF CORPORATIONS
18 JAN 12 AN IO: 29



Authentication: 201965401

Date: 01-12-18

6695607 8300 SR# 20180231626