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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 **866.625.0838** COGENCYGLOBAL.COM

Account#: 120000000088

Date:
Name: Merritt Knickle
Reference #:
Entity Name: WFI/NLI APARTMENTS, LLC
✓ Articles of Incorporation/Authorization to Transact Business
Amendment
☐ Change of Agent
Reinstatement
Conversion
☐ Merger
☐ Dissolution/Withdrawal
Fictitous Name
OtherCERTIFIED COPY OF FILING EVIDENCE
Authorized Amount: \$1.55

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

IN COMPLIANCE WITH SECTION 605/002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

WPI/NLI Apartments, I	LLC			
(Name of Fore	ign Limited Liability Company; must l	nctudo "Limited Lial	oility Company," "L.L.C.," or "L	I.C.")
Linbility Company," "L.L.C,"	tenuate name adopted for the purpose of or "LLC.")	f transacting busines	s in Florida. The alternate name	nurst include "Limited
2. Delawate	of which foreign limited liability	3	(FEI number, (Capplicable)	
company is organized)	province results		At at manager, it appropriately a	
4				
	(Date first trunsacted business (New sections 605.0904 & 605.09	to Florida, it prior to 205; F.S. to determine	: beurgh, linpilith) - teliptergour)	
5. 11-125 Horseman's Trai	il		•	
Raleigh, NC 27613				≥ # &
realergit, 170, 2701,	(Street Address of Pri	ncipal Office)		
6. 11425 Horseinan's Trail	•	, 2,		
Raleigh, NC 27613				- Fa 2 5
	(Mailing Ad	•		AMITY LI SI SI ATE SI PLORI
7. Name and street address	s of Plorida registered agent: (P.O.	. Box NOT accept	able)	
Nanic:	Cogency Global Inc.			Sm -
Office Address:	115 North Calhoun Street, Suite	1	_	
	Tullulmesce		Florida 32301	
	(City)		, Florida 32301 (Zip code)	
designated in this application complywith the provision	gistered agent and to accept service tion, I hereby accept the appointments of all statutes relative to the pr my position as registered agent.	ent as registered a oper and complete	gent and agree to act in this	capacity. I further agree
	(ice kisicii	co aftern a signature)	·	
•	icity and address of the person(s) w		•	
Michael L. Schwarz, Pres	ident of WF West Palm, LLC, the	Manager of WPI/N	LI Apartments, LLC	
2414 Jusper Blvd,				
Suffivan's Island, SC 2948	32			
9. Attached is a certificate jurisdiction under the law of the translator must be a	- Mulul	old, duly authentic liffcate is in a forely	on language, a translation of d	study of records in the he certificate under each
This document is executed submitted in a document to	in accordance with section 605.02 the Department of State constitute	03 (1) (b), Florida t s a third degree felo	Statutes. I am aware that any foody as provided for in 8.817.1:	alse information 55, F.S.
	Michael L. Schwarz	_	•	•
	Typed or prin	nted name of signee		

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "WFI/NLI APARTMENTS, 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 SECOND DAY OF FEBRUARY, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "WFI/NLI APARTMENTS, LLC" WAS FORMED ON THE TENTH DAY OF OCTOBER, A.D. 2017.

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

at corn delaware gov/auti

Authentication: 202086064

Date: 02-02-18

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SR# 20180701557