Maa000001437



REFERENCE: 415568-05

ORDER DATE : 10/15/99

ORDER TIME : : 415568-05

CUSTOMER NO: 7/06677

ORDER NO.

FILING Qualification

NAME: WRJ Opportunity Loans II LLC

EFFECTIVE DATE:

ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP	DIVI TAI	99	;
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:	SION OF	007	A M
CERTIFIED COPY PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING CONTACT PERSON: Janine Lazzarini EXAMINER'S INITIALS	CHT OF STATE COMPORATIONS SSEE, FLORIDA:	15 : PH 4: 42	MIVED

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

I COMPLIANCE WITH SECTION 608.503, FLORIL MITED LIABILITY COMPANY TO TRANSACT BUSI	INESS IN THE S	STATE OF FLORI		- ,	
WRI Opportunity Loans II L (Name of foreign limited liability company must e so contained in the name at present.)				tion "L.C." if n	ot :
. Washington (Jurisdiction under the law of which foreign limit company is organized)	3. led liability	(F	EI number, if applicab	ole)	
June 23, 1999 (Date of Organization)	5.	April (Duration: Year exist or "perpe	30, 2010 ar limited liability come ctual")	pany will cease	to
Upon qualifying (Date first transacted business in	i Florida. (See s	ections 608.501,	608.502, and 817.155,	F.S.)	·- <u></u> -
7. 1301 Fifth Avenue, Suite 3	3128, Sea	ttle, WA	98101		
	Street address O	f principal office)		
List name, title, and business address of will manage the foreign limited liability	each managii company in I	ng member[Me Florida: (attacl	GRM] or manager[additional page if	MGR]who necessary)	· ·
List name, title, and business address of will manage the foreign limited liability of NAME & ADDRESS:	each managir company in I	rionda: (aliaci	GRM] or manager[a additional page if ADDRESS:	MGR]who necessary)	
will manage the foreign limited liability	company in i	rionda: (aliaci	& ADDRESS:	11000000-17	
will manage the foreign limited liability of NAME & ADDRESS:	TITLE:	rionda: (aliaci	i additional page ii	11000000-17	DIV
NAME & ADDRESS: Weyerhaeuser Realty Investors, Inc. 1301 Fifth Avenue, Suite	TITLE:	rionda: (aliaci	& ADDRESS:	TITLE:	DIVISION OF SECURETAR
NAME & ADDRESS: Weyerhaeuser Realty Investors, Inc. 1301 Fifth Avenue, Suite	TITLE:	rionda: (aliaci	& ADDRESS:	11000000-17	FILED SEDRETARY OF S
NAME & ADDRESS: Weyerhaeuser Realty Investors, Inc. 1301 Fifth Avenue, Suite	TITLE:	rionda: (aliaci	& ADDRESS:	TITLE:	DIVISION OF CORPORATIONS
NAME & ADDRESS: Weyerhaeuser Realty Investors, Inc. 1301 Fifth Avenue, Suite	TITLE:	rionda: (aliaci	& ADDRESS:	TITLE:	DIVISION OF CORPORATIONS
NAME & ADDRESS: Weyerhaeuser Realty Investors, Inc. 1301 Fifth Avenue, Suite	TITLE:	rionda: (aliaci	& ADDRESS:	TITLE:	DIVISION OF CORPORATIONS

language, a translation of the certificate under oath of the translator must be submitted.)

ву:	Weyerhaeuser Realty Investors, Inc., Managing Member	-			
	By: _examm	:			
Signature of a member or an authorized representative of a member. (In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)					
	Stephen M. Margolin, Executive Vice President Typed or printed name of signee	- <u>-</u>			

Filing Fee: \$250.00 for Application and Affidavit

STATE of WASHINGTON



SECRETARY of STATE

I, RALPH MUNRO, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

CERTIFICATE OF EXISTENCE/AUTHORIZATION

OF

WRI OPPORTUNITY LOANS II LLC

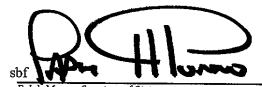
I FURTHER CERTIFY that the records on file in this office show that the above named limited liability company was formed under the laws of the State of Washington and was issued a Certificate of Formation in Washington on June 23, 1999.

I FURTHER CERTIFY that as of the date of this certificate, no Articles of Dissolution have been filed, and that the limited liability company is duly authorized to transact business in the limited liability company form in the State of Washington.



Date: September 24, 1999

Given under my hand and the Seal of the State of Washington at Olympia, the State Capital



Ralph Munro, Secretary of State

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of t	he Limited Liability Compa	my is:			
WRI Oppor	rtunity Loans II LI	JC	· · · · · · · · · · · · · · · · · · ·		
2. The name and	the Florida street address o	f the registere	d agent and office are	:	
	Corporation Service	Company (Name)		<u> </u>	<u></u>
	1201 Hays St. Florida street addre	ess (P.O. Box Ne	OT ACCEPTABLE)	·	
_	Tallahassee,	FL City/State/Zi _l	32301		

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Deborah D. Skipper as its agent

(Signature)

Deborah D. Skipper as its agent

Filing Fee: \$ 35 for Designation of Registered Agent