Requestor's Name 660 East Jefferson Stree Address Tallahassee, FL 32301 (EC) City State Zip CORPORATION	350)222-1092 Phone	200003067882
Address <u>Tallahassee, FL 32301 (</u> 8 City State Zip	350)222-1092 Phone	200003067882
Tallahassee, FL 32301 (8 City State Zip	Phone	200003067882
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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

(Nar	ne of foreign limi	ited liability company)	
Washington Jurisdiction under the law of which foreign lim ompany is organized)	ited liability 3,	Applied For (FEI number, if applied	able)
Dec. 7, 1999 (Date of Organization)	5.	Perpetual (Duration: Year limited liability corexist or "perpetual")	npany will cease to
Upon qualification		various .	. = -
(Date first transacted business in	n Florida. (See se	ctions 608.501, 608.502, and 817.155	, F.S.)
401 Second Avenue South, Suite 110			
Seattle, WA 98104	Street address of	, <u>, , , , , , , , , , , , , , , , , , </u>	99 D SECR
The usual business addresses of the ma	naging membe	ers or managers are as follows:	PM 1: 00 PF STATE FLORIDA
Seattle, WA 98104			4.3
Attached is an original certificate of existence, no urisdiction under the law of which it is organized slation of the certificate under oath of the translate	I. (A photocopy is or must be submitt	s not acceptable. If the certificate is in a ted.)	foreign language, a
Nature of business or purposes to be o	onducted or pr	romoted in Florida: Real estate	investment
(In accordance with section	608.408(3), F.S.,	orized representative of a memb	er.

Typed or printed name of signee

John A. Goodman, Manager

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 the	Limited	Liability	/ Compans	is.
	THE MAINE	Or arc	Lillica	LIGORIU	COMPANY	, mo.

102 WEST WHITING LLC

2. The name and the Florida street address of the registered agent and office are:

omo.	• •-	ALI OBSEC	99	
C T Corporation System (Name)		AHAS	DEC	7
c/o C T Corporation System, 1200 South Pine Island Road		RY OF	13 ₽	
Florida street address (P.O. Box NOT ACCEPTABLE)		STATE	=======================================	0
Plantation FL City/Stat	33324	9ri		

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 as provided for in Chapter 608, F.S.

C T Corporation System

LATHLEEN C. GANCIBY ASST S

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

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

102 WEST WHITING LLC

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 December 7, 1999.

I FURTHER CERTIFY that as of the date of this certificate, no cancellation 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: December 8, 1999

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



Ralph Munro, Secretary of State