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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : NRAI SERVICES, LLC
Account Number : I20080000104
Phone : (302)674-4089
Fax Number : (302)674-5266

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

Email Address: tlipko@nraiservices.com

2022 JAN 11 PM 12:19
TALLAHASSEE, FL (GRID)

Foreign Limited Liability Company
WH Skyway GP LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
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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:

1. WH Skyway GP LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C." or "LLC.")

2. Delaware
(Jurisdiction under the law of which foreign limited liability company is organized)

3. _____
(FEI number, if applicable)

4. _____
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 140 East 45th Street, 16th Floor
(Street Address of Principal Office)

6. 140 East 45th Street, 16th Floor
(Mailing Address)

New York, NY 10017

New York, NY 10017

Haves, Pines & Seligman c/o Woodhill RE LLC

Haves, Pines & Seligman c/o Woodhill RE LLC

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: NRAI Services, Inc.

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324
(City) (Zip code)

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Registered agent's acceptance:

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 application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

By: NRAI Services, Inc.
/s/ Tina Lipko, VP
(Registered agent's signature)

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8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: Benjamin Singfer	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: 140 East 45th St, 16th Fl.	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized Person	New York, NY 10017 c/o Woodhill RE LLC	<input type="checkbox"/> Authorized Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized Person	_____	<input type="checkbox"/> Authorized Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized Person	_____	<input type="checkbox"/> Authorized Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

/s/ Benjamin Singfer
Signature of an authorized person

Benjamin Singfer

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Delaware

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The First State

I, *JEFFREY W. BULLOCK*, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "*WH SKYWAY GP 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 ELEVENTH DAY OF JANUARY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "*WH SKYWAY GP LLC*" WAS FORMED ON THE ELEVENTH DAY OF JANUARY, A.D. 2022.



Jeffrey W. Bullock
Jeffrey W. Bullock, Secretary of State

6532844 8300
SR# 20220087702
You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 202366749
Date: 01-11-22

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