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(Re	equestor's Name)					
(Ad	dress)					
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(City/State/Zip/Phone #)						
PICK-UP	☐ WAIT	MAIL				
(Bu	siness Entity Nar	ne)				
(Do	cument Number)					
Certified Copies	_ Certificates	s of Status				
Special Instructions to	Filing Officer:					
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Office Use Only

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: 700 North Lake (Name of Limite	LLC ed Liability Company)		
	lity Company for Authorization to Transact Business in mitted to register the above referenced foreign limited		
Please return all correspondence concerning this ma	tter to the following:		
James M. Go	oldrick		
(Nam	e of Person)		
Kohlberg Kravis K	Roberts + Co.		
(Firm	/Company)		
9 West 57th	Street, Suite 4200 Address)		
New York, NY (City/State	e and Zip Code)		
For further information concerning this matter, pleas	e call:		
James M. Goldrick	at (212) 230-9452 (Area Code & Daytime Telephone Number)		
(Name of Person)	(Area Code & Daytime Telephone Number)		
MAILING ADDRESS:	STREET ADDRESS:		
•	Division of Corporations		
Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle Fallahassee, FL 32301		
Enclosed is a check for the following amount: \$\sum \frac{1}{2}\$125.00 Filing Fee \$\sum \frac{1}{2}\$130.00 Filing Fee & Certificate of St.	□\$155.00 Filing Fee & □\$160.00 Filing Fee, Certificate atus Certified Copy of Status & Certified Copy		

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:

1.	700 North La Ke LLC (Name of Foreign Limited Liability Company)	
	(Name of Foreign Limited Liability Company) 2. De aware (Jurisdict on under the law of which foreign limited liability company is organized) (FEI number, if applicable)	
((Jurisdict on under the law of which foreign limited liability (FEI number, if applicable)	
	1. 12/7/05 (Date of Organization) 5. Perpetual (Duration: Year limited liability company will cease exist or "perpetual")	to
6.	(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)	
7.		<u> </u>
	Suite 4200 New York, NY 10019 (Street Address of Principal Office)	
	3. If limi ed liability company is a manager-managed company, check here	
ο.	D. The name and usual business addresses of the managing members or managers are as follows:	
	James M. Goldrick, clo Kohlberg Kravis Roberts	يرك.
	9 West 57th Street, Suite 4200	
	New York, NY 10019	
he	0. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of ne jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language,	
uau	anslation of the certificate under oath of the translator must be submitted.)	7
	ranslation of the certificate under eath of the translator must be submitted.)	ال 7ر
	ranslation of the certificate under eath of the translator must be submitted.)	5-1 NUL 7(
	anslation of the certificate under eath of the translator must be submitted.) 1. Nature of business or purposes to be conducted or promoted in Florida: Real Estate The submitted of the translator must be submitted.)	17 JUN 75 BH
	ranslation of the certificate under eath of the translator must be submitted.)	5-1 NUL 7(
	1. Nature of business or purposes to be conducted or promoted in Florida: Real Estate Signature of a member or an authorized representative of a member. (In accordance with section 608.408(3), F.S., the execution of this document constitutes	17 JUN 75 BH

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 L	imited Liability	Company is:			
700 North	Lake	LLC			
2. The name and the	Florida street ac	ddress of the register	ed agent and office	are:	
	Corporatio	on Service Compa	any	TALL	SECOR.
(Name) 1201 Hayes Street Florida Street Address (P.O. Box NOT ACCEPTABLE)					
					ALC PE
					FECTION IN
	Tallahass		32301		SEA SEA
		City/State/Zi	íp		

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 agen, 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, Florida Statutes.

(Signature)

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

Delaware

The First State

1, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HERBBY CERTIFY "700 NORTH LAKE, 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 FOURTH DAY OF JUNE, A.D. 2007.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "700 NORTH LAKE, LLC" WAS FORMED ON THE SEVENTH DAY OF DECEMBER, A.D. 2005.

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



Warret Smith Windson. Secretary of State

AUTHENTICATION: 5727622

DATE: 06-04-07

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