Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H110000143703)))



H110000143703ABCR

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : SHUTTS & BOWEN LLF (ORLANDO)

Account Number : 120030000004 Phone : (407)423-3200

Fax Number : (407)843-4076

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

Email Address: jjames@shutts.com

### Foreign Limited Liability Company Tampa Bridge Lenders, LLC

Certificate of Status	0
Certified Copy	V
Page Count	04
Estimated Charge	\$125.00

RECEIVED
11 JAN 18 PH 12: 33
SECRETARY OF STATE
ALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

IVISION OF CORPORATION

1/18/2011

(((III1000014370 3)))

#### COVER LETTER

33 - 23 - 23 - 23 - 23 - 23 - 23 - 23 -
TO: Registration Section Division of Corporations
SUBJECT: Tampa Bridge Lenders, LLC
Name of Limited Liability Company
The enclosed "Application by Poreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.
Please return all correspondence concerning this matter to the following:
Juli S. James, Esquire
Name of Person-
Shutts & Bowen LLP
Firm/Company
300 South Orange Avenue, Suite 1000
Address
Orlando, Florida 32801
City/State and Zip Code
jjames@shutts.com  E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Juli S. James, Esquire at (407) 835-6774  Name of Person Area Code & Daytime Telephone Number
Name of Person Area Code & Daytime Telephone Number
MAILING ADDRESS: STREET ADDRESS: Division of Corporations Division of Corporations
Registration Section P.O. Box 6327  Clifton Building
Tallahassee, FL 32314  Z661 Executive Center Circle Tallahassee, FL 32301
Enclosed is a check for the following amount:
S125.00 Filing Fee String Fee Str

(((H11000014370 3)))

# 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. Tampa Bridge Lenders, LLC (Name of Poreign Limited Liability Company; must include "Limited Liability Company)	d Liability Company," "L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted for the purpose of transaconsent of the managers or managing members adopting the alternate name Company," "L.L.C," "LLC.")	eting husiness in Florida and attach a copy of the written. The alternate name must include "Limited Liability
2. California (Jurisdiction under the law of which foreign limited liability company is organized)  3.	(FEI number, if applicable)
4. January 4, 2011 5. Perpeture (Dute of Organization) 5. Perpeture exist of exist o	ion: Year limited liability company will cease to r "perpetual")
6. Upon qualification (Date first transacted business in Florida, if pri (See sections 608.501 & 608.502 F.S. to determine)	or to registration.) ne penalty liability)
7. 9777 Wilshire Boulevard, Suite 515	ne penalty liability)
Beverly Hills, CA 90212	Section Sectio
(Street Address of Principa	I Office)
8. If limited liability company is a manager-managed company	7, check here 🗹 👸 🚉
9. The name and usual business addresses of the managing me	mbers or managers are as follows:
IBGAZY Management, LLC; 12307 Ventura Blvd	, Suite 200, Studio City, CA 91604
NLG Management, LLC; 21550 Oxnard St., Suite	e 1000, Woodland Hills, CA 91367
10. Attached is an original certificate of existence, no more than 90 days old, duthe jurisdiction under the law of which it is organized. (A photocopy is not accuratisation of the certificate under eath of the translation must be submitted.)	
11. Nature of business or purposes to be conducted or promote	ed in Florida: Any lawful business
purpose or activity for which a limited liab	ility company may be formed.
Ch () S	
Signature of a member or an authorized	
(In accordance with section 608.408(3), P.S., the execution of this	

document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Juli S. James, Esquire, Authorized Representative

Typed or printed name of signee

(((II11000014370 3)))

# 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.

If unavailabl	e, the alternate to be used in	the state of Florida	is:	
2. The name	and the Florida street addre	ess of the registered	agent and office are:	
	Corporation Comp	oany of Orlando		
	300 South Orang	ge Avenue, S Address (P.O. Box NO		DAN 18
	Orlando	FL,	32801	
		City/State/Zip		3 3
liability comp agent and ag	named as registered agent ar xuny at the place designated i ree to act in this capacity. If e proper and complete perfor	in this certificate, I h further agree to com	ereby accept the appoint ply with the provisions of	ntment as registered of all statutes

\$ 100.00
\$ 25.00
\$ 25.00
\$ 30.00
\$ 5.00
Certified Copy (optional)
\$ Certificate of Status (optional)

J. Gregory Humphries, Vice President

To:850 617 6381 .

P.5/5

(((H)1000014370 3)))

### State of California Secretary of State

#### **CERTIFICATE OF STATUS**

ENTITY NAME: TAMPA BRIDGE LENDERS, LLC

FILE NUMBER: FORMATION DATE: 201100510011 01/04/2011

TYPE:

DOMESTIC LIMITED LIABILITY COMPANY

JURISDICTION:

**CALIFORNIA** 

STATUS:

ACTIVE (GOOD STANDING)

I, DEBRA BOWEN, Secretary of State of the State of California, hereby certify:

The records of this office indicate the entity is authorized to exercise all of its powers, rights and privileges in the State of California.

No information is available from this office regarding the financial condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of January 13, 2011.

DEBRA BOWEN Secretary of State