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Florida Department of State

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

From:
    Account Name   : CORPORATION SERVICE COMPANY
    Account Number : 120000000195
    Phone   : (850)521-1000
    Fax Number   : (850)558-1575

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FLORIDA/FOREIGN LP/LLLP

ML CASA IV, L.P.

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	$1,000.00

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M. THOMAS

SEP 21 2009

EXAMINER

APPLICATION BY FOREIGN LIMITED PARTNERSHIP OR
LIMITED LIABILITY LIMITED PARTNERSHIP
TO TRANSACT BUSINES IN FLORIDA

1. ML CASA IV, L.P.

(Name of Limited Partnership or Limited Liability Limited Partnership, *which must include suffix*)
Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd.
Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P.
or LLLP.

(If name unavailable, name under which the limited partnership or limited liability limited partnership
proposes to register to transact business in Florida; must contain acceptable suffix.)

2. Delaware   3. 10/10/2006

(State or Country of Formation)   (Date of Formation)

4. Corporation Service Company

(Name of Registered Agent for Service of Process)

5. 1201 Hays Street

(Florida street address for Registered Agent)

Tallahassee, FL 32301

6. *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 an accept the obligations of my position as registered agent.*

Corporation Service Company

By:

Signature of Registered Agent

Karen M. Dyer, Asst. Secretary

7. 737 N Michigan Ave; Suite 1700

(Principal office address)

Chicago, IL 60611

8. If limited partnership is a limited liability limited partnership, check box ☒

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9. 737 N Michigan Ave; Suite 1700

<div style="text-align:center">(Mailing address)</div>

Chicago, IL 60611

10. Name, principal office address, and mailing address of each general partner:

James Martha
_____
(Name)

1 Financial Plaza; 19th Floor
_____
(Street Address)
Hartford, CT 06103
_____

Same as above
_____
(Mailing Address)

James O'Brien
_____
(Name)

737 N Michigan Ave; Suite 1700
_____
(Street Address)
Chicago, IL 60611
_____

Same as above
_____
(Mailing Address)

Douglas Denyer
_____
(Name)

1 Financial Plaza; 19th Floor
_____
(Street Address)
Hartford, CT 06103
_____

Same as above
_____
(Mailing Address)

Megan Wolfinger
_____
(Name)

737 N Michigan Ave; Suite 1700
_____
(Street Address)
Chicago, IL 60611
_____

Same as above
_____
(Mailing Address)

(Name)

(Street Address)

(Mailing Address)

(Name)

(Street Address)
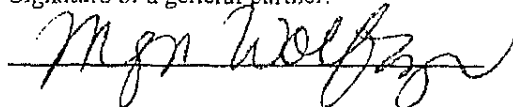

(Mailing Address)

11. Effective date, if other than the date of filing:_____

(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

12. Attached is a certificate of existence duly authenticated, not more than 90 days prior to the delivery of this application to the Florida Department of State, by the Secretary of State or other official having custody of the entity's records in the jurisdiction under the law of which it is organized.

Signed this __18th__ day of __September__ ,20 __09__ .

Signature of a general partner:

_____

Filing Fees: $1,000.00 ($965 Filing Fee and $35 Registered Agent Fee)
Certified Copy (optional): $52.50
Certificate of Status (optional): $8.75

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Delaware
PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ML CASA IV, L.P." 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 EIGHTEENTH DAY OF SEPTEMBER, A.D. 2009.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ML CASA IV, L.P." WAS FORMED ON THE TENTH DAY OF OCTOBER, A.D. 2006.

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

4232311   8300

090866616

Jeffrey W. Bullock, Secretary of State

AUTHENTICATION: 7534893

DATE: 09-18-09

You may verify this certificate online
at corp.delaware.gov/authver.shtml