Florida Department of State

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10/16/2006

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: 1. Northern Medley, LLC (Name of Foreign Limited Liability Company) 2. Delaware (Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable) 5. Perpetual 4. October 12, 2006 (Duration: Year limited liability company will cease to (Date of Organization) exist or "perpetual") 6. N/A (Date first transacted business in Florids, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine ponalty liability) 7. 400 Montgomery Street, Suite 400, San Francisco, CA 94104 (Street Address of Principal Office) 8. If limited liability company is a manager-managed company, check here 9. The name and usual business addresses of the managing members or managers are as follows: Bristol Group, Inc. 400 Montgomery Street, Suite 400 San Francisco, CA 94104 10. Attached is an original 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. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.) 11. Nature of business or purposes to be conducted or promoted in Florida; Real Estate Investment Signature of a member or an exhorized representative of a member.

In accordance with section 60k.40k(3), F.S., the execution of this document constitutes an effirmation under the penalties of perjury that the flocts stated herein are true.)

Tami J. Davis

Typed or printed name of signee

F1.057 - 94PHARF C T Egyanni Quiline

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.

Northern Medle	of the Limited Liability Compa	my 1s.	
2. The name a	nd the Florida street address o	of the registered agent and office are:	
	СТ	Corporation System	
		(Namo)	
	1200 5	outh Pine Island Road	
	Florida Street Address (P.O. Box NOT ACCEPTABLE)		•
	Plantation, Florida 33324		e atta dalah sebia da
		City/State/Zip	
liability compa agent and agre relating to the p	ny at the place designated in the to act in this capacity. I furth proper and complete performany position as registered agant CT Composition System	accept service of process for the above is cartificate, I hereby accept the appoint or agree to comply with the provisions once of my duties, and I am familiar with as provided for in Chapter 608, Florida	stment as registered of all statutes and accept the
	Jennifer Quinn Assistant Secrement		
	\$ 100.00 \$ 25.00 \$ 30.00 \$ 5.00	Filing Fee for Application Designation of Registered Agent Certified Copy (optional) Cartificate of Status (optional)	·

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DIVISION OF CERTIFICATION

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The First State

I, HARRIET SMITE WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "NORTHERN MEDLEY, ILC" 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 THIRTEENTH DAY OF OCTOBER, A.D. 2006.

SECRETARY OF STATE
DIVISION OF COSPORATIONS
2006 OPT 15 AM 9: 22

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Varnet Smile Hinden

AUTHENTICATION: 5112448

DATE: 10-13-06

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