M07000000035

| (Re | questor's Name) | |
|-------------------------|-------------------|-------------|
| | | |
| (Ad | dress) | _ |
| | | |
| (Ad | dress) | ·-··· |
| (7 156 | (a. 055) | |
| | | |
| (Cit | y/State/Zip/Phone | e #) |
| | | — |
| ☐ PICK-UP | WAIT | MAIL |
| | | |
| (Bu | siness Entity Nar | ne) |
| | | |
| (Do | cument Number) | |
| (| , | |
| | 6 | |
| Certified Copies | _ Certificates | s of Status |
| | | |
| Special Instructions to | Filing Officer: | |
| | r | / _ / |
| | // | - / 1/ |
| | 1/ | / // (|
| | // | (/) |
| | // | \ |
| l // | / |)/ |
| / | | |
| | | |

Office Use Only



400082482194

01/03/07--01034--001 **155.00

DEPARTHEAT OF STATE HYISIOH OF CORPORATION TALLAHASSEE, FLORIDA

RECEIVED

7 JAN -3 PM 1:10



CT 1203 Governors Square Blvd. Tallahassee, Fl. 32301-2960 850 222 1092 tel
850 222 7615 fax
www.ctlegalsolutions.com

January 3, 2007

Department of State, Florida Clifton Building 2611 Executive Center Circle Tallahassee FL 32301

Re:

Order #: 6821661 SO

Customer Reference 1: 47108

Customer Reference 2:

Dear Department of State, Florida:

Please obtain the following:

Lagomar LLC (DE) Registration Florida

Lagomar LLC (DE) Cert Copy of Articles of Org Florida

Enclosed please find a check for the requisite fees. Please return document(s) to the attention of the undersigned.

If for any reason the enclosed cannot be processed upon receipt, please contact the undersigned immediately at (850) 222-1092. Thank you very much for your help.

Sincerely,

Connie R Bryan Senior Fulfillment Specialist Connie.Bryan@wolterskluwer.com 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 LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: 1 Lagomar LLC (Name of Foreign Limited Liability Company) 2. Delaware (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized) 4. 12/28/2006 Perpetual (Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual") Upon qualification (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) 7. Cititrust (Switzerland) Limited, 9-11 Reitergasse, P. O. Box 131 CH 8027, Zurich, Switzerland (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: Animar S.P. 9-11 Reitergasse, P.O. Box 131 CH 8027, Zurich, Switzerland 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: Purchase of Real Estate Animar S.P., its member Cititrust (Switzerland) Limited and Smith Barney Private Trust GmbH, its partners 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 an affirmation under the penalties of perjury that the facts stated herein are true.) Ravendran Thiagarajan Ester Noff

Typed or printed name of signee

COVER LETTER

| TO: Registration Section Division of Corporations | |
|-------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|
| SUBJECT: Lagomar LLC | |
| (Name of | Limited Liability Company) |
| | d Liability Company for Authorization to Transact Business in re submitted to register the above referenced foreign limited da |
| Please return all correspondence concerning th | nis matter to the following: |
| Alyson D. Poppiti | |
| | (Name of Person) |
| Morris, Nichols, Arsht & Tunnell LLF | |
| | (Firm/Company) |
| 1201 North Market Street, 18th Floor | |
| | (Address) |
| Wilmington, DE 19801 | |
| (Cit | y/State and Zip Code) |
| For further information concerning this matter, | , please call: |
| Alyson D. Poppiti | at (³⁰²) _ 351-9320 |
| (Name of Person) | (Area Code & Daytime Telephone Number) |
| MAILING ADDRESS: | STREET ADDRESS: |
| Division of Corporations | Division of Corporations |
| P.O. Box 6327 Tallahassee, FL 32314 | Clifton Building 2661 Executive Center Circle |
| Tananassee, PL 32314 | Tallahassee, FL 32301 |
| Enclosed is a check for the following amount: \$\Bigsig \\$125.00 \text{ Filing Fee} \Bigsig \\$130.00 \text{ Filing Fee} \text{ Certificat}\$ | e & \$\sum \\$155.00 \text{ Filing Fee & \$\sum \\$160.00 \text{ Filing Fee, Certificate}\$ te of Status |

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 Limited Liability Company is: |
|----|---------------------------------------------------------------------------------|
| Le | ngomar LLC |
| 2. | The name and the Florida street address of the registered agent and office are: |
| | C T Corporation System |
| | (Name) |
| | 1200 South Pine Island Road |
| | Florida Street Address (P.O. Box NOT ACCEPTABLE) |
| | Plantation, Florida 33324 |
| | City/State/Zip |

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 agent 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.

By: Kathup A. Willow, Asst. Sear Jace (Signature)

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

PAGE

Delaware

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "LAGOMAR 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 SECOND DAY OF JANUARY, A.D. 2007.



DATE: 01-02-07