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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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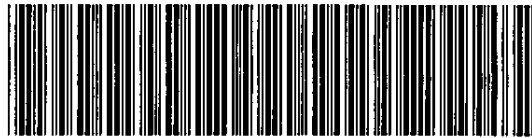
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2007 JUN 19 P 2:28

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Aduro Capital Management I LLC
(Name of Limited Liability Company)

The enclosed "Application by Foreign 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:

R. Nicholas Brack, Jr.

(Name of Person)

Aduro Capital Management I LLC

(Firm/Company)

777 S. Flagler Drive Suite 800 West Tower

(Address)

West Palm Beach, FL. 33401

(City/State and Zip Code)

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For further information concerning this matter, please call:

Kimberley Thomas-Catanzaro at (561) 741-2139
(Name of Person) (Area Code & Daytime Telephone Number)

MAILING ADDRESS:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee ☒ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

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

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:

1. Aduro Capital Management I LLC
(Name of Foreign Limited Liability Company)

2. Delaware 3. 35-2280308
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. September 11, 2006 5. perpetual
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")

6. April 9, 2007
(Date first transacted business in Florida, if prior to registration.)
(See sections 608.501 & 608.502 F.S. to determine penalty liability)

7. 777 S. Flagler Drive Suite 800 West Tower
West Palm Beach, FL. 33401
(Street Address of Principal Office)

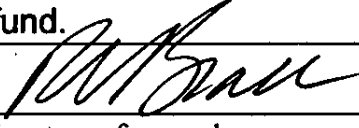
8. If limited liability company is a manager-managed company, check here ☒

9. The name and usual business addresses of the managing members or managers are as follows:

R. Nicholas Brack, Jr.- Managing Member

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: Management of closed end investment fund.


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.)

R. Nicholas Brack, Jr.

Typed or printed name of signee

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TALLAHASSEE, FLORIDA

**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:

Aduro Capital Management I LLC

2. The name and the Florida street address of the registered agent and office are:

R. Nicholas Brack, Jr.

(Name)

777 S. Flagler Drive Suite 800 West Tower

Florida Street Address (P.O. Box **NOT** ACCEPTABLE)

West Palm Beach, FL. FL 33401

City/State/Zip

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TALLAHASSEE, FLORIDA

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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.



(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

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED ARE TRUE AND CORRECT COPIES OF ALL DOCUMENTS ON FILE OF "ADURO CAPITAL MANAGEMENT I, LLC" AS RECEIVED AND FILED IN THIS OFFICE.

THE FOLLOWING DOCUMENTS HAVE BEEN CERTIFIED:

CERTIFICATE OF FORMATION, FILED THE ELEVENTH DAY OF SEPTEMBER, A.D. 2006, AT 7:15 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID CERTIFICATES ARE THE ONLY CERTIFICATES ON RECORD OF THE AFORESAID LIMITED LIABILITY COMPANY, "ADURO CAPITAL MANAGEMENT I, LLC".

4217961 8100H

070706495



Harriet Smith Windsor

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 5757045

DATE: 06-14-07

State of Delaware
Secretary of State
Division of Corporations
Delivered 07:15 PM 09/11/2006
FILED 07:15 PM 09/11/2006
SRV 060839413 - 4217951 FILE

STATE OF DELAWARE

LIMITED LIABILITY COMPANY

CERTIFICATE OF FORMATION

OF

ADURO CAPITAL MANAGEMENT I, LLC

1. The name of the limited liability company is **ADURO CAPITAL MANAGEMENT I, LLC.**
2. The address of its registered office in the State of Delaware is 1201 Orange St. Suite 600, Wilmington, New Castle County, Delaware, 19801. The name of its registered agent at such address is Presidential Services Incorporated.
3. (Use this paragraph only if the company is to have a specific date of dissolution:
"The latest date on which the limited liability company is to dissolve is ____".)
4. (Insert any other matters the members determine to include herein.)

IN WITNESS WHEREOF, the undersigned have executed this Certificate of Formation on September 11, 2006.

BY: 

Authorized Person
President of Presidential Services Incorporated

NAME: Kevin Wessell

Type or Print
President of Presidential Services Incorporated