# M080U0004624

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		





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08 OCT 15 PH 4: 25

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**EXAMINER** 

08 0CT 15 AH 8: 35



ACCOUNT NO. : 0721	
REFERENCE : 7581	99 7448543 P. B. S.
AUTHORIZATION :	Wales of the state
COST LIMIT : \$1.2	5.00
ORDER DATE: October 15, 2008	
ORDER TIME : 12:54 PM	
ORDER NO. : 758199-010	N <sub>a</sub>
CUSTOMER NO: 7448543	
FOREIGN FILINGS	
NAME: UTC NEWCO, LLC	
XXXX QUALIFICATION (TYPE: <u>LL</u> )	
XXXX QUALIFICATION (TIPE: <u>LL</u> )	
PLEASE RETURN THE FOLLOWING AS PROOF O	F FILING:
CERTIFIED COPY XX PLAIN STAMPED COPY	
CERTIFICATE OF GOOD STANDING	
CONTACT PERSON: Susie Knight EXT#	2956
EXAMI	NER:

#### 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

	MITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:		
1	UTC Newco, LLC		
•••	(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")		
con	name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written assent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability mpany," "L.L.C.," "LLC.")		
2.	Delaware  3. (FEI number, if applicable)		
(	Jurisdiction under the law of which foreign limited liability (FEI number, if applicable)		
4.	October 2008 5. Perpetual		
	(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")		
6.	Upon Filing		
	(Date of Organization)  Upon Filing  (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)  University Park, FL 34201  (Street Address of Principal Office)		
7.	8441 Cooper Creek Blvd		
	University Park, FL 34201		
	(Street Address of Principal Office)		
8.	If limited liability company is a manager-managed company, check here 🗸		
9,	9. The name and usual business addresses of the managing members or managers are as follows:		
	David H. Baldauf, Manager		
	8441 Cooper Creek Blvd		
	University Park, FL 34201		
the tru	Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a skition of the certificate under eath of the translator must be submitted.)		
11.	. Nature of business or purposes to be conducted or promoted in Florida: Own, operate, manage		
	commercial real estate		
	MRM		
	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.)  David H. Baldauf, Manager		

Typed or printed name of signee

## 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:	
UTC Newco, LLC	en e
If name unavailable, the alternate name to be used in the state of Florida is:	
2. The name and the Florida street address of the registered agent and office are:	
David H. Baldauf	
(Name)	
8441 Cooper Creek Blvd	
Florida Street Address (P.O. Box NOT ACCEPTABLE)	
University Park, FL 34201	
City/State/Zip	
Having been named as registered agent and to accept service of process for the above state liability company at the place designated in this certificate, I hereby accept the appointment agent and agree to act in this capacity. I further agree to comply with the provisions of all relating to the proper and complete performance of my duties, and I am familiar with and a obligations of my position as registered agent as provided for in Chapter 608, Florida State (Signature)	it as registered statutes accept the
	\A''
S 100.00 Filing Fee for Application S 25.00 Designation of Registered Agent	

S 30.00 Certified Copy (optional) S 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 "UTC NEWCO, 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 FIFTEENTH DAY OF OCTOBER, A.D. 2008.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "UTC NEWCO, LLC" WAS FORMED ON THE FOURTEENTH DAY OF OCTOBER, A.D. 2008.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

4611661 8300

081040066

Harriet Smith Windsor, Secretary of State **AUTHENTICATION:** 6912653

DATE: 10-15-08

Varriet Smith Hindson

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