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EXAMINER



April 15, 2009

ATTORNEYS AT LAW

111 NORTH ORANGE AVENUE, SUITE 1800 ORLANDO, FL 32801-2386 P. O. BOX 2193 ORLANDO, FL 32802 2193 407.423.7656 TEL 407.648.1743 FAX foley.com

WRITER'S DIRECT LINE 407.244.3244 cborglum@foley.com EMAIL

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VIA FEDERAL EXPRESS

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

Re:

Application by Foreign Limited Liability Company for Authorization to Transact B and Application for Registration of Fictitious Name

Dear Sir or Madam:

Please find enclosed the <u>Application by Foreign Limited Liability Company for Authorization to Transact Business</u> and <u>Certificate of Designation of Registered Agent/Registered Office</u> for Newbridge Property Management LLC, along with an original certificate of status from the State of Delaware, and check #4426 in the amount of \$125.00 for the filing fee.

Once Newbridge Property Management LLC is registered as a Foreign Limited Liability Company in Florida, enclosed is the <u>Application for Registration of Fictitious Name</u> of Solaire Realty for Newbridge Property Management LLC, and check #4425 in the amount of \$50.00 for the filing fee. Kindly fill in the Florida Registration Number in Section 2 when one has been assigned.

Please do not hesitate to contact me if you have any questions.

Sincerely,

Carol L. Borglum

Florida Registered Paralegal

CLB:clb Enclosures cc: Mr. Royall

COVER LETTER

Newbridge Property Mar	nagement LLC
SUBJECT: (Name of I	Limited Liability Company)
	Liability Company for Authorization to Transact Business in re submitted to register the above referenced foreign limited la
Please return all correspondence concerning th	is matter to the following: a Registered Paralegal (Name of Person)
Carol L. Borglum, Florid	a Registered Paralegal
	(Name of Person)
Foley & Lardner LLP	The state of the s
	(Firm/Company)
111 North Orange Aven	ue, Suite 1800
	(Address)
Orlando, Florida 32801	
(City	y/State and Zip Code)
For further information concerning this matter,	, please call:
Carol L. Borglum	at (407) 244-3244
(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: \$\sum_{125.00} \text{Filing Fee} \text{\$\sum_{130.00} \text{Filing Fee}} \text{Certifica}\$	e & \$\Bigsim \$\sum \text{\$\sum \text{\$\sin \text

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

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE S Newbridge Property Management LLC	S, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN TATE OF FLORIDA:
1(Name of Foreign Limited Liability Company; must include	e "Limited Liability Company," "L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted for the purpose consent of the managers or managing members adopting the altern Company," "L.L.C.," "LLC.")	of transacting business in Florida and attach a copy of the written attended. The alternate name must include "Limited Liability
Delaware 3.	26-0354127
(Jurisdiction under the law of which foreign limited liability company is organized)	(FEI number, if applicable)
June 7, 2007 5.	
(Date of Organization)	(Duration: Year limited liability company will asse to exist or "perpetual")
6(Date first transacted business in Flor	ida, if prior to registration.)
(Sec sections 608.501 & 608.502 F.S. t 7.173 A. Belvedere Street	o determine penalty liability)
San Francisco, CA 94117	TO TO
(Street Address of	f Principal Office)
8. If limited liability company is a manager-managed c	ompany, check here
9. The name and usual business addresses of the management	ging members or managers are as follows:
Hardin J. Royall III	
173 A. Belvedere Street	
San Francisco, CA 94117	
the jurisdiction under the law of which it is organized. (A photocopy translation of the certificate under oath of the translator must be submi	itted.)
11. Nature of business or purposes to be conducted or p	promoted in Florida: any and all lawful business
(In accordance with section 608.408(3), F.S an affirmation under the penalties of perjur	norized representative of a member, the execution of this document constitutes y that the facts stated herein are true.)
Hardin J. Royall III Typed or printed i	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:	
Newbridge Property Management, LLC	
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:	
F&L Corp.	
(Name)	
One Independent Drive, Suite 1300 Florida Street Address (P.O. Box NOT ACCEPTABLE)	
Jacksonville FL 32202 City/State/Zip	
Having been named as registered agent and to accept service of process for the above star liability company at the place designated in this certificate, I hereby accept the appointme 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 obligations of my position as registered agent as provided for in Chapter 608, Florida Staf&L Corp. Michael Gay, Authorized Agent \$ 100.00 Filing Fee for Application \$ 25.00 Designation of Registered Agent	nt as registerea I statutes accept the

\$ 5.00 Certificate of Status (optional)

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "NEWBRIDGE PROPERTY MANAGEMENT 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 SIXTH DAY OF APRIL, A.D. 2009.

4366263 8300

090336805

AUTHENTY CATION: 7231015

DATE: 04-06-09

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