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(Requestor's Name) (Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number)
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EXAMINER



ACCOUNT NO. : I2000000195 REFERENCE : 331171 4350184 AUTHORIZATION COST LIMIT ORDER DATE: March 26, 2010 ORDER TIME: 8:54 AM ORDER NO. : 331171-005 CUSTOMER NO: 4350184 FOREIGN FILINGS NAME: NEUBERGER BERMAN FIXED INCOME LLC XXXX QUALIFICATION (TYPE: LL) PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING

EXAMINER:

CONTACT PERSON: Heather Chapman -- EXT# 2908

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 FOREKIN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

Neuberger Berman Fixed Income LLC	
1. Neuberger Berman Fixed Income LLC (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 ate name. The alternate name must include "Limited Liability
2 Delaware	02-0654486
(Jurisdiction under the law of which foreign limited liability company is organized)	(FEI number, if applicable)
	Perpetual O
(Date of Organization) 6.	Perpetual (Duration: Year limited hability company will const to exist or "perpetual") ida, if prior to registration.) o determine penalty liability) 30, Illinois 60603
(Date first transacted business in Flori (See sections 608.501 & 608.502 F.S. to	ida, if prior to registration.) o determine penalty liability)
7. 190 South LaSalle Street, Suite 2400, Chicag	go, Illinois 60603
(Street Address of	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:
Managed by the Board of Directors: Joseph	V. Amato, 605 Third Ave., NY, NY 10158
Bradley Tank, 190 South LaSalle Street, Suit	te 2400, Chicago, Illinois 60603
Andrew Johnson, 190 South LaSalle Street,	Suite 2400, Chicago, Illinois 60603
10. Attached is an original certificate of existence, no more than 90 days the jurisdiction under the law of which it is organized. (A photocopy translation of the certificate under oath of the translator must be submi	is not acceptable. If the certificate is in a foreign language, a
11. Nature of business or purposes to be conducted or p	promoted in Florida: Any lawful business or
activity of an LLC formed pursuant to the De	
Days 1	
Signature of a member or an amb	orized representative of a member.
(In accordance with section 608,408(3), F.S. in arlimnation under the penalties of perjury	
6seph V. Amato, Director	
Typed or printed r	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.

	of the Limited Liability Company is: Berman Fixed Income LLC	
•	vailable, the alternate name to be used in the state of Florida is:	
2. The name a	and the Florida street address of the registered agent and office are:	
	Corporation Service Company	
	(Name)	
	1201 Hays Street	
	Florida Street Address (P.O. Box NOT ACCEPTABLE)	
	Tallahassee FL 32301	
	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.

Corporation Service Company

Heather Chapman

(Signature)

As its agent

\$ 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, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "NEUBERGER BERMAN FIXED INCOME 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 TWENTY-SIXTH DAY OF MARCH, A.D.

2010.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "NEUBERGER BERMAN FIXED INCOME LLC" WAS FORMED ON THE TWENTY-FIFTH DAY OF NOVEMBER, A.D. 2002.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

3595148 8300

100324278

Jeffrey W. Bullock, Secretary of State

AUTHENTICATION: 7896407

DATE: 03-26-10

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