Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION S

Account Number : FCA000000023

Phone Fax Number

Number : (850)22

**Enter the email address for this business entity annual report mailings. Enter only one email address please. **

Email Address:

Foreign Limited Liability Company Chilean LLC

Certificate of Status Certified Copy Page Count 27 6 Estimated Charge \$125.00

C. LEWIS

MAY 2 0 2010

EXAMINER



May 19, 2010

FLORIDA DEPARTMENT OF STATE
Division of Corporations

C T CORPORATION SYSTEM

SUBJECT: CHILEAN LLC REF: W10000024034

We have received your electronically transmitted document. However, the document was submitted under the wrong electronic filing type and cannot be processed by this office.

To proceed, you must abandon this filing and resubmit your filing under the appropriate electronic filing type.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under eath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

If you have any further questions concerning your document, please call (850) 245-6047.

Carolyn Lewis FAX Aud. #: H10000117884
Regulatory Specialist II Letter Number: 010A00012446
Regulatory Countries Section

Registration/Qualification Section

COVER LETTER

SUBJECT:		Childan LLC				
		Name of Limited Liability Company				
The enclosed "App Existence, and che	dication by Poreign Limited ck are submitted to register t	Liability Company for Authorization to Transact Business in F the above referenced foreign limited liability company to transa	lorida," Certificate of et business in Plorida			
Please return all co	rrespondence concerning thi	is matter to the following:				
		Barry Swirsky				
		Name of Person				
		Wind River Holdings, LP				
		Firm/Company				
		555 Croton Road, Suite 200				
_		Address				
	King of Prussia, PA 19406					
		City/State and Zip Code	n <u></u>			
_	Warrill oddress	bswirsky@windriverholdings.com s: (to be used for future annual report notification)	'			
		•	ı			
or thirdier mioriti	tion concerning this matter, p	please can:				
	Barry Swirsky	at (610)962-3791				
	Name of Person	Area Code & Daytime Telephone Number				
	ADDRESS: Corporations	STREET ADDRESS: Division of Corporations				
Registration	n Section	Registration Section				
P.O. Box 6		Clifton Building				
Tellahassec	1, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301				
		A				
nclosed is a che	ck for the following am	ount;				

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 RECESTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. <u>(Na</u>	ame of Foreign Limited Liability Company; mi	Chilean LLC	ted Liability Company," "L.L.C.," or "LLC.")	nt.
consent of			sacting business in Florida and attach a copy of the no. The alternate name must include "Limited Liabil	
2	Delaware	3.	30-0602347	
(Jurisdic	ction under the law of which foreign limited lis y is organized)	tellity	(FEI number, if applicable)	
4.	February 1, 2010	5 .	perpetual	
**	(Date of Organization)		ation: Year limited liability company will cease to or "perpetual")	•
5. Februar	ury 8, 2010			
<i>"</i> ——	(Date first transacted busines (See sections 608.501 & 608.5	is in Florida, if p i02 F.S. to determ	rior to registration.) ninc penalty liability)	•
7. 103 Fo	ulk Road, Suite 151, Wilmington, DE 19803			
			1	
	(Street A	ddress of Princip	nal Office)	<u> </u>
. If limi	ited liability company is a manager-ma	naged compan	ny, check here	* 1 F
	aine and usual business addresses of the	_	TO	王安
Koberi	1 Strouse, Wind River Holdings, LP, 555 Croto	n Kosa, Sulla 20	O, King of Prussia, FA 19400	5
Timed	hy Dwyer, Wind River Holdings, LP, 555 Crot	on Road, Suite 2	00, King of Prussia, PA 19406	•
Валту	Swirsky, Wind River Holdings, LP, 355 Crotor	n Road, Suite 200), King of Prussie, PA 19406	
e jurisdicti		otocopy is not acc	uly authenticated by the official having custody of recongained. If the certificate is in a foreign language, a	ndsin
1. Natur	re of business or purposes to be conduc	ted or promote	ed in Florida: to own real satute	
	Hard	inek,		
	Signature of a member or a (In secondance with section 608.40) an affirmation under the possition	8(3), F.S., the expe	representative of a member. ution of this document constitutes facts stated herein are true.)	
		Barry Swirsky		
	Typed or pr	inted 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.

	Chilean LLC				
If unevailable, the alternate to be used in the state of Florida is:					
2. The name and	the Florida street address of the registered	d agent and office are:			
-	C T Corporation Syste (Name)	TALLAH TALLAH			
	1200 South Pine Island R				
-	Florida Street Address (P.O. Box NC	OT ACCEPTABLE)			
-		E.F.S.			

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: Norm C T Corporation System

Maria T. Chambers

Special Assistant Secretary

\$ 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 "CHILEAN 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 NINETEENTH DAY OF MAY, A.D. 2010.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE

NOT BEEN ASSESSED TO DATE.

4783986 8300

100533308

UTHENTICATION: 8002747

DATE: 05-19-10

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