## N1000002745

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ity/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bi	usiness Entity Nam	e)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to Filing Officer:		
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Office Use Only



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**EXAMINER** 





N SERVICE COMPANY.
ACCOUNT NO. : I2000000195
REFERENCE : 420558 4301683
AUTHORIZATION: Spulsblener 4
REFERENCE: 420558 4301683  AUTHORIZATION: THE SECOND 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
ORDER DATE : June 17, 2010
ORDER TIME : 9:06 AM
ORDER NO. : 420558-005
CUSTOMER NO: 4301683
FOREIGN FILINGS
NAME: TGM SERVCO #30 LLC
XXXX QUALIFICATION (TYPE: <u>LL</u> )
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY  XX PLAIN STAMPED COPY  CERTIFICATE OF GOOD STANDING
CONTACT PERSON: Troy Todd EXT# 2940

EXAMINER:

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

1 TGM SERVCO #30 LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the writte consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C.," "LLC.")
2. NEW YORK (Jurisdiction under the law of which foreign limited liability company is organized)  (FEI number, if applicable)
4. 06/01/1999  (Date of Organization)  (Duration: Year limited liability company will cease to exist or "perpotual")
6. Upon Filing  (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)
(See sections 608.501 & 608.502 F.S. to determine penalty liability) 7. c/o TGM Associates L.P., 650 Fifth Avenue, 28th Floor
New York, New York 10019
(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:
TGM Management LLC, Manager
c/o TGM Associates L.P., 650 Fifth Avenue, 28th Floor
New York, NY 10019
10. Attached is an original cartificate 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 each of the translator must be submitted.)
11. Nature of business or purposes to be conducted or promoted in Florida: to engage
in the real estate management business
bun / hansel/
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.)
John Gochberg, Executive Vice President
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 Compa	any is:		
TGM SERV	CO #30 LLC			
If name unavailable, the alternate name to be used in the state of Florida is:				
2. The name a	and the Florida street address of	of the registered agent and office are:		
	Corporation Service Co	mpany		
		(Name)		
	1201 Hays Street			
	Florida Street Add	ress (P.O. Box <u>NOT</u> ACCEPTABLE)		
	Tallahassee	FL 32301		
		City/State/Zip		
liability compa agent and agree relating to the obligations of a Corporation BY:	iny at the place designated in the to act in this capacity. I furth proper and complete performancy position as registered agent a Service Company  (Signature)  NICKELSEN, ASST			
	\$ 100.00 \$ 25.00	Filing Fee for Application Designation of Registered Agent		
	\$ 30,00 \$ 5,00	Certified Copy (optional)		
	a 5.00	Certificate of Status (optional)		

## State of New York Department of State } ss:

I hereby certify, that TGM SERVCO #30 LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 06/01/1999, and that the Limited Liability Company is existing so far as shown by the records of the Department.



Witness my hand and the official seal of the Department of State at the City of Albany, this 17th day of June two thousand and ten.

Daniel Shapiro

First Deputy Secretary of State

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