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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐ MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Osprey Links Golf Course, LLC  
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all correspondence concerning this matter to the following: **VIA FEDERAL EXPRESS**  
**ACCT. NO. 0532-0372-8**

Jenny Potters  
Name of Person

The Northwestern Mutual Life Insurance Company  
Firm/Company

720 East Wisconsin Avenue, S430  
Address

Milwaukee, WI 53202  
City/State and Zip Code

jennypotters@northwesternmutual.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jenny Potters at ( 414 ) 665-2272  
Name of Person Area Code & Daytime Telephone Number

**MAILING ADDRESS:**

Division of Corporations  
Registration Section  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**

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

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee    ☐ \$130.00 Filing Fee & Certificate of Status    ☐ \$155.00 Filing Fee & Certified Copy    ☒ \$160.00 Filing Fee, Certificate of Status & Certified Copy



May 10, 2011

Division of Corporations  
Registration Section  
P.O. Box 6327  
Tallahassee, FL 32314

Re: Osprey Links Golf Course, LLC  
Application by Foreign Limited Liability Company  
for Authorization to Transact Business in Florida

Dear Sir/Madam:


Please process the enclosed Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida for Osprey Links Golf Course, LLC. I have included a Certificate of Good Standing from the State of Delaware and a check in the amount of \$160 made payable to the Florida Department of State to facilitate this request.

**Please return all documentation to me via over-night Federal Express, account no. 0532-0372-8:**

The Northwestern Mutual Life Insurance Company  
Jenny Potters, S430  
720 East Wisconsin Avenue  
Milwaukee, WI 53202

If you have any questions, feel free to contact me by phone at (414) 665-2272 or by e-mail at [jennypotters@northwesternmutual.com](mailto:jennypotters@northwesternmutual.com). Thank you for your assistance with this matter.

Sincerely,

  
Jenny Potters

**FILED**  
11 MAY 20 PM 1:12  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

*IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN  
LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:*

**1. Osprey Links Golf Course, 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 written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C.," "LLC.")

**2. Delaware**

(Jurisdiction under the law of which foreign limited liability company is organized)

**3.**

(FEI number, if applicable)

**4.**

(Date of Organization)

**5. perpetual**

(Duration: Year limited liability company will cease to exist or "perpetual")

**6.**

(Date first transacted business in Florida, if prior to registration.)  
(See sections 608.501 & 608.502 F.S. to determine penalty liability)

**7. 720 East Wisconsin Avenue, Milwaukee, WI 53202**

(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:

Osprey Links, LLC

720 East Wisconsin Avenue

Milwaukee, WI 53202

**10.** Attached is an original certificate 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 oath of the translator must be submitted.)

**11.** Nature of business or purposes to be conducted or promoted in Florida: to hold real estate

\*See attachment

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 of the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

\*See attachment

Typed or printed name of signee

**FILED**  
11 MAY 20 PM 1:12  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ATTACHMENT TO  
APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO  
TRANSACTION BUSINESS IN FLORIDA**

**OSPREY LINKS, LLC**, a Delaware limited liability company, its sole member

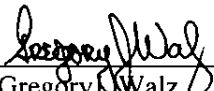
By: NM Imperial, LLC, a Delaware limited liability company, a member

By: NML Real Estate Holdings, a Wisconsin limited liability company, its sole member

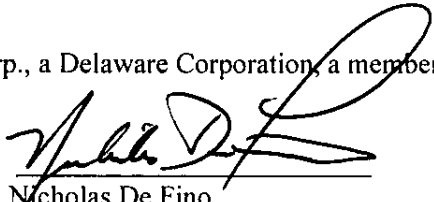
By: The Northwestern Mutual Life Insurance Company, a Wisconsin corporation, its sole member

By: Northwestern Investment Management Company, LLC, a Delaware limited liability company, its wholly-owned affiliate and authorized representative



By:   
Name: Gregory J. Walz  
Its: Managing Director

By: RE Corp., a Delaware Corporation, a member

By:   
Name: Nicholas De Fino  
Its: Vice President

**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:

Osprey Links Golf Course, LLC

If unavailable, the alternate to be used in the state of Florida is:

\_\_\_\_\_

2. The name and the Florida street address of the registered agent and office are:

C T Corporation System

(Name)

1200 South Pine Island Road

Florida Street Address (P.O. Box **NOT** ACCEPTABLE)

Plantation

FL 33324

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.*

Rebecca Barth

Assistant Secretary  
Rebecca Barth

(Signature)

\$ 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 "OSPREY LINKS GOLF COURSE, 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 MAY, A.D. 2011.



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You may verify this certificate online  
at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

  
Jeffrey W. Bullock, Secretary of State  
AUTHENTICATION: 8745735

DATE: 05-06-11