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**EXAMINER** 



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ACCOUNT NO. : I2000000195 Malena July S. C. REFERENCE: 819045 7555686 AUTHORIZATION : COST LIMIT : \$ 125 ORDER DATE : June 20, 2011 ORDER TIME : 8:53 AM ORDER NO. : 819045-005 CUSTOMER NO: 7555686 FOREIGN FILINGS NAME: BROOKFIELD PRIVATE ADVISORS LLC XXXX QUALIFICATION (TYPE: LL) PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: \_ CERTIFIED COPY XX PLAIN STAMPED COPY \_ CERTIFICATE OF GOOD STANDING CONTACT PERSON: Harry B. Davis -- EXT# 2926

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:

	7.7.7.0.11411.0.7.7.001.122.2.7.1.1.2.0.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1
Brookfield Private	dvisors LLC
(Name of Foreign L	mited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
If name unavailable, enter consent of the managers or Company," "L.L.C." "LI.C.	elternate name adopted for the purpose of transacting business in Florida and attach a copy of the warmanaging members adopting the alternate name. The alternate name must include "Limited Liability")
Delaware	2
(Jurisdiction under the la company is organized)	w of which foreign limited liability  3. (FEI number, if applicable)
July 21, 2009	5. Perpetual
	rganization) (Duration: Year limited liability company will cease to exist or "perpetual")
, <b>)</b> _	
(	(Date first transacted business in Florida, if prior to registration.) See sections 608.501 & 608.502 F.S. to determine penalty liability)
Three World Finance	al Center, 200 Vesey Street, 11th Floor
New York, New Yo	
	(Street Address of Principal Office)
. If limited liability co	mpany is a manager-managed company, check here
. The name and usual	business addresses of the managing members or managers are as follows:
Brookfield Private	Advisors Holdings, LLC
Three World Finan	cial Center, 200 Vesey Street, 11th Floor
New York, New Y	rk 1 <b>/</b> 0281
ne jurisdiction under the law	tificate of existence, no more than 90 days old, duly authenticated by the official having custody of record of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a derouth of the translator must be submitted.)
1. Nature of business	or purposes to be conducted of promoted in Florida: Any lawful purpose.
<del>[-</del>	ignature of a member of an authorized representative of a member.
	with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the
	berjury that the facts stated herein are true. I am aware that any false information submitted in a the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)
	Asha Richards
-	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	of the Limited Liability Comp	any is:	
BROOKFIEL	D PRIVATE ADVISORS LL	.C	
If unavailable,	the alternate to be used in the	e state of Florida is:	
2. The name a	and the Florida street address	of the registered agent and office are	); ;
	Corporation Service Compa	ny	
		(Name)	<del></del>
	1201 Hays Street		
	Florida Street Add	ress (P.O. Box <u>NOT</u> ACCEPTABLE)	<del></del>
	Tallahassee	FL 32301	
		City/State/Zip	
liability compa agent and agre relating to the p	ny at the place designated in the e to act in this capacity. I furth proper and complete performa.	o accept service of process for the ab his certificate, I hereby accept the app her agree to comply with the provision nce of my duties, and I am familiar w as provided for in Chapter,608, Flor	pointment as registered ns of all statutes ith and accept the
	By: (Signa		Harry B. Davis Asst. Vice President
	\$ 100.00 \$ 25.00 \$ 30.00 \$ 5.00	Filing Fee for Application Designation of Registered Agent Certified Copy (optional) Certificate of Status (optional)	

## Delaware

PAGE

#### The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "BROOKFIELD PRIVATE ADVISORS 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 TWENTIETH DAY OF JUNE, A.D. 2011.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BROOKFIELD PRIVATE ADVISORS LLC" WAS FORMED ON THE TWENTY-FIRST DAY OF JULY, A.D. 2009.

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

4711888 8300

110742115

DATE: 06-20-11

AUTHENT\CATION: 8847542

Jeffrey W. Bullock, Secretary of State

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