AUG. 31. 2011 9:23AM NRAI CORPORATE SERVICES INC NO. 7393

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : NRAI CORPORATE SERVICES, INC.

Account Number : I20080000023 Phone : (651)225-9500 Fax Number : (651)225-9579

**Enter the email address for this business entity to be used for fater

annual report mailings. Enter only one email address please. * Torr

Email Address:

Foreign Limited Liability Company VWI Operations LLC

| Certificate of Status | 1 |
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J. SAULSBERRY EXAMINER SEP 0 1 2011

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

IN COMPLIANCE WITH SECTION OR SIX ELORINA STATUTES THE ECLIONASS IS SIDVATED TO DESIGNED A ECONOMISM

| LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: |
|---|
| 1, VWI Operations 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) (FEI number, if applicable) |
| 4. January 14, 2011 (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 8500 Normandale Lake Blyd., Suite 1500 |
| Minneapolis, MN 55437 ARE |
| 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: |
| James Dunbar, its Manager > 0 |
| c/o Värde Partners, Inc. |
| 8500 Normandale Lake Blvd., Sulte 1500, Minneapolis, MN 55437 |
| 10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of recerts 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 mader oath of the translator must be submitted.) |
| 11. Nature of business or purposes to be conducted or promoted in Florida: to engage in any lawful |
| business, act or activity. |
| |
| 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 perjucy that the facts stated become 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.) James Dunbar |
| 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 Company Is: | | | |
|--|------------------------|----------|----|
| VWI Operations 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: | TAL. | . 201 | |
| NRAI Services, Inc. | CRE | 2011 AUG | -1 |
| (Name) | SECRETARY LLAHASSEI | ဒေ | |
| 515 East Park Avenue | mo | | m |
| Florida Street Address (P.O. Box NOT ACCEPTABLE) | PS Z | ထဲ | |
| Tallahassee FL 32301 | Öm (| ဗ္ဗ | |
| 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.

NATERICALIZATION

Signature) Packip Beiny ASTS

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "VWI OPERATIONS 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 SROW, AS OF THE THIRTY-FIRST DAY OF AUGUST, A.D. 2011.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "VWI OPERATIONS LLC" WAS FORMED ON THE FOURTEENTH DAY OF JANUARY, A.D. 2011.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

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AUTHENTICATION: 9001577

DATE: 08-31-11