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AL CARDO S S. S. S. E. P. LINGSON	
	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-U	P
	(Business Entity Name)
Gertified Copies	(Document Number) Certificates of Status
Special Instruction	s to Filing Officer:
	·

B. KOHR
SEP 1 3 2011

EXAMINER



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09/13/11--01019--002 **125.00

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BYTANCUR ST. OF STATE
BYTANCURS SEP. OF ORBINA

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CT Corporation

1203 Governors Square Blvd. Tallahassee, FL 32301-2960 850 222 1092 tel 850 878 5368 fax www.ctcorporation.com



September 13, 2011

Department of State, Florida Clifton Building 2611 Executive Center Circle Tallahassee FL 32301 TEP 13 MILL 14

Re:

Order #: 8244548 SO

Customer Reference 1:

USO Norge

Customer Reference 2:

None Given

Dear Department of State, Florida:

Please obtain the following:

USO Norge Waterscape LLC (DE)
(Registration)
Florida

Enclosed please find a check for the requisite fees. Please return document(s) to the attention of the undersigned.

If for any reason the enclosed cannot be processed upon receipt, please contact the undersigned immediately at (850) 222-1092. Thank you very much for your help.

Sincerely,

Hannah Jimenez
Fulfillment Specialist - Contractor
hannah.jimenez@wolterskluwer.com

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: USO Norge Watersca

The enclosed "Application by Fore Existence, and check are submitted

SUBJECT: USO Norge Waterscape, 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:

	Stanley T. Stairs				
:	Name of Person				
	Stairs Dillenbeck Finley				
	Statts Difference Filley	Firm/Company			
		r into Company	•		
	200 Park Avenue South, Suite 511				
		Address			
	New York, NY 10003				
		City/State and Zip Code			
	stairs@stairsdillenbeck.com	stairs@stairsdillenbeck.com			
	E-mail addre	ss: (to be used for future annual report notification)			
rther	information concerning this matter,	please call;			
	anley T. Stairs	at (212) 697-2700			
	anley T. Stairs Name of Person	at (212) 697-2700 Area Code & Daytime Telephone Number			
St		at ()			
St.	Name of Person IAILING ADDRESS: ivision of Corporations	Area Code & Daytime Telephone Number STREET ADDRESS: Division of Corporations			
Str.	Name of Person IAILING ADDRESS: ivision of Corporations egistration Section	Area Code & Daytime Telephone Number STREET ADDRESS: Division of Corporations Registration Section			
Sta M D Re P.	Name of Person IAILING ADDRESS: ivision of Corporations egistration Section O. Box 6327	Area Code & Daytime Telephone Number STREET ADDRESS: Division of Corporations Registration Section Clifton Building			
Sta M D Re P.	Name of Person IAILING ADDRESS: ivision of Corporations egistration Section	Area Code & Daytime Telephone Number STREET ADDRESS: Division of Corporations Registration Section			
Str M D Ro P.	Name of Person IAILING ADDRESS: ivision of Corporations egistration Section O. Box 6327 allahassee, FL 32314	at (272) Area Code & Daytime Telephone Number STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301			
Str. M D R P T a	Name of Person IAILING ADDRESS: ivision of Corporations egistration Section O. Box 6327	at (272) Area Code & Daytime Telephone Number STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 mount:	Certific		

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

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A REPRESENTATION OF FLORIDA:

1. USO	Norge Waterscape, LLC	· /.
1)	Name of Foreign Limited Liability Company; must includ	e "Limited Liability Company," "L.L.C.," or "LLC.")
consent o		e of transacting business in Florida and attach a copy of the written nate name. The alternate name must include "Limited Liability
2. Delay (Juriso compa	ware diction under the law of which foreign limited liability any is organized) 3.	(FEI number, if applicable)
4. <u>12/1</u> 5	5/2009 (Date of Organization) 5.	Perpetual (Duration: Year limited liability company will cease to exist or "perpetual")
6. <u>04/01</u>		
	(Date first transacted business in Flori (See sections 608.501 & 608.502 F.S. to	ida, if prior to registration.) o determine penalty liability)
7. <u>535 l</u>	Madison Avenue, 17th Floor - New York, NY 10022	
		f Principal Office)
8. If lir	mited liability company is a manager-managed c	ompany, check here 🔀
9. The	name and usual business addresses of the management	ging members or managers are as follows:
Paul	Elliott - 535 Madison Avenue, 17th Floor - New York, N	Y 10022
Mar	rk Lindeis - 535 Madison Avenue, 17th Floor - New York,	NY 10022
the jurisdi translation	liction under the law of which it is organized. (A photocopy in of the certificate under oath of the translator must be submit	tted.)
11. Nat	ture of business or purposes to be conducted or p	promoted in Florida: real estate investment
		•
	JAN T. AND	
		ionized representative of a member.
		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.)

Typed or printed name of signee

Stanley T. Stairs

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.

USO Nor	ge Waterscape, LLC		
If unavai	ilable, the alternate to be used	d in the state of Florida is:	
2. The n	ame and the Florida street ac	ddress of the registered agent and office are:	
•	C T Corporation System		
•		(Name)	-
	1200 South Pine Island R		_
	Florida Str	reet Address (P.O. Box NOT ACCEPTABLE)	
	Plantation	FL ³³³²⁴	_
		City/State/Zip	
liability of agent and relating t	company at the place designat d agree to act in this capacity. o the proper and complete pe	nt and to accept service of process for the above sted in this certificate, I hereby accept the appointn. I further agree to comply with the provisions of rformance of my duties, and I am familiar with and agent as provided for in Chapter 608, Florida Son System	nent as registered all statutes ad accept the

(S)gnature)

\$ 30.00

5.00

\$ 100.00 Filing Fee for Application Diaz

\$ 25.00 Designation As Regarded 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 "USO NORGE WATERSCAPE, 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 TWELFTH DAY OF SEPTEMBER, A.D. 2011.

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

4764834

110998800

TION: 9022954

DATE: 09-12-11