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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone

: (850)222-1092

Fax Number

: (850)878-5368

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

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#### Foreign Limited Liability Company UNIVERSAL STUDIOS HOTEL II LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$125.00

NOV 2 1 2011

**EXAMINER** 

#### COVER LETTER

1	Name of Limited Liability Company
The enclosed "Application by Foreign Limited L Existence, and check are submitted to register th	iability Company for Authorization to Transact Business in Florida," Certificate of a above referenced foreign limited liability company to transact business in Florida.
Please return all correspondence concerning this	matter to the following:
GABRIELA KORNZWI	
	Nume of Person
NBCUNIVERSAL	
	Firm/Company
100 UNIVERSAL CIT	Y PLAZA
	Address
UNIVERSAL CITY, CA	. 91608
	City/State and Zip Code
karen.sorensen@nb	OCUNI.COM  I: (to be used for future annual report notification)
E-mail address	i: (to be used for future annual report notification)
for further information concerning this marter, p	lease call;
GABRIELA KORNZWEIG	ar 818 777-9872
Name of Person	Area Code & Daytime Telephone Number
MAILING ADDRESS: Division of Corporations Registration Section	STREET ADDRESS: Division of Corporations Registration Section
P.O. Box 6327 Tailahassee, FL 32314	Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

FILED

2811 NOV 18 MM 7: 45

### APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TRY OF STATE TRANSACT BUSINESS IN FLORIDA TALLAHASSEE, FLORIDA TALLAHASSEE, FLORIDA

IN COMPLIANCE WITH SECTION 608503, FLORIDA STATUTES, THE FULLOWING IS SUBMITTED TO REGISTER A FOREIGN ILMITED ILABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

#### L Universal Studios Hotel II LLC

(Name of Foreign Limited Liability Company; must include	e "Limited Liability Company," "L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted for the purpose consent of the managers or managing members adopting the altern Company," "L.L.C," "Ll.C.")	of transacting business in Florida and attach a copy of the writte ate name. The alternate name must include "Limited Liability
2. Delaware 3.	
(Jurisdiction under the law of which foreign limited liability company is organized)	(FEI number, if applicable)
4, 11/9/2011	PERPETUAL
(Date of Organization)	(Duration: Year limited liability company will cease to exist or "perpetual")
6.	• •
(Date first transacted business in Flori (See sections 608.501 & 608.502 F.S. to	da, if prior to registration.) o determine penalty liability)
7. 1000 Universal Studios Plaza	
Orlando, FL 32819	
	Principal Office)
8. If limited liability company is a manager-managed co	ompany, check here 🗹
9. The name and usual business addresses of the manag	ing members or managers are as follows:
Richard Cotton, 30 Rockefelter Plaza, New Yo	•
Stuart Epstein, 30 Rockefeller Plaza, New	7 FORK, NY 10112
10. Attached is an original certificate of existence, no more than 90 day the jurisdiction under the law of which it is organized. (A photocopy is translation of the certificate under eath of the translation must be submitted.)	snotacceptable. If the certificate is in a foreign language, a
11. Nature of business or purposes to be conducted or p	romoted in Florida:
Entertainment	
(/(UX))	
signature of a member or an author	orized representative of a member.
(In accordance with section 608.408(3), F.S., the execution	on of this document constitutes an affirmation under the 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.)
GABRIELA KORNZWEIG	
Typed or printed na	ame of signed

FILED

## REGISTERED AGENT/REGISTERED OFFICE 2011 NOV 18 RM 7: 48

SECRETARY OF STATE SECRETARY OF STATE OF PURSUANT TO THE PROVISIONS OF SECTION 608.415 of 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.

The name of the Limited Liability Company is:  Universal Studios Hotel II LLC					
					If unavailable, the alternate to be used in the state of Florida is:
2. The name and the Florida stre	et address of the registered agent and office are:				
C T Corporation	n System				
	(Name)				
	Pine Island Road  a Street Address (P.O. Box NOT ACCEPTABLE)				
Plantation	FL 33324 City/State/Zip				
liability company at the place desi- agent and agree to act in this cape relating to the proper and complet	agent and to accept service of process for the above stated limited gnated in this certificate, I hereby accept the appointment as registered wity. I further agree to comply with the provisions of all statutes e performance of my duties, and I am familiar with and accept the nered agent as provided for in Chapter 608, Florida Statutes.  CONNIC BIVON				
<u> </u>	(Signature) Assistant Secretary				
	\$ 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 "UNIVERSAL STUDIOS HOTEL II 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 ELEVENTH DAY OF NOVEMBER, A.D. 2011.

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

**5063480** 8300

111188962

AUTHENTICATION: 9151617

DATE: 11-11-11



Jellrey W. Bullock, Secretary of State