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in the	TALLAHASSEE, FL 222-1173		•		
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١.	CORP. NAME:	PINE TREE BRIDG	GE MANGEMENT, LLC		
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Examiner's Initials

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 TRANSLACT BY ISINESS IN THE STATE OF BY ORDINA.

MI	TED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:		
	Pine Tree Bridge Management, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.	C 11 07 H 1 C 115	-
	Company, man include District Company, man include District District Company, District Company, District Company, District Company, District Company, District Company, Compan	C., 01 DDC. 7	
nse	me unevailable, enter alternate name adopted for the purpose of transacting business in Florida and ent of the managers or managing members adopting the alternate name. The alternate name must in pany," "L.L.C," "LLC.")	l attach a copy of the clude "Limited Liab	write Alty
	Delaware 3. applied for		_
Jı 20	risdiction under the law of which foreign limited liability (FEI number, if applie mpany is organized)	able)	_
_	02/03/2012 5, perpetual		_
	(Date of Organization) (Duration: Year limited liability co	mpany will cease to	
-	(Date first transacted business in Florida, if prior to registration.)	\$e 60	20
	(See rections 608.501 & 608.502 F.S. to determine penalty liability)		73.
_	16250 N.W. 59th Avenue, Suite 201	7.00 mm r 12.00 mm r 1	
	Miami Lakes, Florida 33014		9
-	(Sircel Address of Principal Office)	- 11 	
Ι	f limited liability company is a manager-managed company, check here	- 1 TV 4	张
		2 Z	90
	The name and usual business addresses of the managing members or managers are	as rollows:	CEP.
	Andrew Hanly		_
	16250 N.W. 59th Avenue, Suite 201		
	Miami Lakes. FL 33014		_
ej Vi	Attached is an original certificate of existence, no more than 90 days old, duly authersicated by the officient unisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in station of the certificate under eath of the translator must be submitted.) Nature of business or purposes to be conducted or promoted in Florida: any and	a foreign language, a	3
•	Dalw Muy		 •
	Signature of a member or an authorized representative of a med (in accordance with section 608.408(3), F.S., the execution of this document constitutes an efficiency of the section of the section of the section for the section of t		
	penalties of perjury that the facts stated herein are true. I am aware that any false informati document to the Department of State constitutes a third degree felony as provided for	on submitted in a	
	Andrew Hanly, Member		
	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.

unavailable, the	alternate to be used in the state of Florida is:	
. The name and t	he Florida street address of the registered agent and office are:	
	Milton A. Vescovacci	in the state of th
-	(Name)	F. 374
	c/o Gray Robinson, P. A.	1
_	1221 Brickell Ave., Suite 1600	
	Florida Street Address (P.O. Box NOT ACCEPTABLE)	
	Miami, FL. 33131	
-	Clty/State/Zip	
		<u> 21</u> 2
'mitta hees vawe	d as periotopod amount and to account complex of process for the abo	use stated limited
llability company (agent and agree to relating to the pro	ed as registered agent and to accept service of process for the about the place designated in this certificate, I hereby accept the appoint act in this capacity. I further agree to comply with the provision per and complete performance of my duties, and I am familiar with the provision as registered agent as provided for in Chapter 608, Flore	ointment as register is of all statutes th and accept the
llability company (agent and agree to relating to the pro	nt the place designated in this certificate, I hereby accept the app act in this capacity. I further agree to comply with the provision per and complete performance of my duties, and I am familiar wi	ointment as register is of all statutes th and accept the
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Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PINE TREE BRIDGE MANAGEMENT, 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 EIGHTH DAY OF FEBRUARY, A.D. 2012.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PINE TREE BRIDGE MANAGEMENT, LLC" WAS FORMED ON THE THIRD DAY OF FEBRUARY, A.D. 2012.

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

5104799 8300

120142255

DATE: 02-08-12

AUTHENT CATION: 9352192

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