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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

: GREENSPOON MARDER, P.A. Account Name

Account Number : 076064003722 Phone : (888)491-1120

Pax Number : (954)343-6962

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

Foreign Limited Liability Company GREYBRIDGE IL LLC

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4/006

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:

1. GREYBRIDGE II, LLC			
(Name of Foreign Limited Liability C	Company; must includ	le "Limited Liability Company," "I	L.C.," or "LLC.")
(If name unavailable, enter alternate name acconsent of the managers or managing member Company," "L.L.C," "LLC.")	lopted for the purpose ers adopting the altern	e of transacting business in Florida nate name. The alternate name must	and attach a copy of the written t include "Limited Liability
2. DELAWARE	3.	46-1314784	
(Jurisdiction under the law of which forely company is organized)	n limited liability	(FEI number, if ap	plicable)
4. OCTOBER 31, 2012	5.	PERPETUAL	•
(Date of Organization)		(Duration: Year limited liability exist or "perpetual")	company will cease to
6(Date first trans	acted business in Flor	ida, if prior to registration.) to determine penalty liability)	
		to determine penalty (lability)	
7. 200 S. BISCAYNE BLVD.,	SUITE 2790		P(I)
MIAMI, FLORIDA 33131			E 7 17
	(Street Address o	f Principal Office)	\$5 8
8. If limited liability company is a m	anager-managed (company, check here 🗸	1-5 ASSE
9. The name and usual business addr	esses of the mana	ging members or managers as	re as follows:
GREYBRIDGE EQUITY PARTNE	ERS, LLC, 200 S.	BISCAYNE BLVD., STE 279	0, MIAMI, FL 33131 🍄
**************************************		· <u> </u>	Çή Ω
		<u> </u>	
10. Attached is an original certificate of existen	on more than 00 da	ne old duly authenticated by the office	cial having custody of records in
the jurisdiction under the law of which it is org translation of the certificate under oath of the translation.	enized. (A photocopy	is not acceptable. If the certificate is i	
		•	TIMO COMPANY
11. Nature of business or purposes to	be conducted or	promoted in Florida: CONSUL	TING COMPANY
$ \Omega$,
. 00.	l f		
Signature of a	member or an auti	norized representative of a me	ember.
(In accordance with section 608	.408(3), F.S., the execut	tion of this document constitutes an aff	irmation under the
penalties of perjury that the fac	its stated herein are true	I am aware that any false informat a third degree felony as provided for	tion submitted in a
ELLEN GILI		a min a material an biolinan se	

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:	
GREYBRIDGE II, 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:	
GREENSPOON MARDER, P.A. (Name)	ZBIZ NOV
100 W. CYPRESS CREEK RD., STE 700 Florida Street Address (P.O. Box NOT ACCEPTABLE)	Assect in
FORT LAUDERDALE FL 33309 City/State/Zip	TORION 34

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 registered agent as provided for in Chapter 608, Florida Statutes.

(Signature)

\$ 100.00 Filing Fee for Application \$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "GREYBRIDGE 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 FIFTH DAY OF NOVEMBER, A.D. 2012.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "GREYBRIDGE II, LLC" WAS FORMED ON THE THIRTY-FIRST DAY OF OCTOBER, A.D. 2012.

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

5235036 8300

AUTHENTY CATION: 9963106

DATE: 11-05-12