MB00000220H

| (Req | uestor's Name) | | | |
|---|------------------|-----------|--|--|
| (Address) | | | | |
| (Add | ress) | | | |
| (City/State/Zip/Phone #) | | | | |
| PICK-UP | WAIT | MAIL | | |
| (Busi | ness Entity Name | e) | | |
| (Document Number) | | | | |
| Certified Copies | Certificates o | of Status | | |
| Special Instructions to Filing Officer: | | | | |
| | | | | |
| | | | | |
| | | | | |

Office Use Only

'APR 9 2013 G. MCLEOD



600245414476

SOF TO KNOW TO BE STANDED BY THE STA

SHOLLY WORK OF THE STATE

图 4:52

13 APR -8 PH 2:41

FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

04/08/13

NAME:

EGHIV, LLC

TYPE OF FILING: FOREIGN LIMITED LIABILITY COMPANY

COST:

125.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

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. E G H IV LLC (Name of Foreign Limited Liability Company; mu | | | ," or "LLC.") | _ |
|---|--------------------------|--|--|--------------------------|
| (If name unavailable, enter alternate name adopted for th consent of the managers or managing members adopting Company," "L.L.C," "LLC.") | ne purpose the altern | e of transacting business in Florida and a nate name. The alternate name must inclu | ttach a copy of the | le writter pility |
| _{2.} Delaware | 3. | | | |
| (Jurisdiction under the law of which foreign limited lia company is organized) | ability 5. | (FEI number, if applicat | ole) | _ |
| 4. April 2, 2013 | 5 | Perpetual | | |
| (Date of Organization) | ٥. | (Duration: Year limited liability com exist or "perpetual") | pany will cease to |) |
| б. | | , | | |
| (Date first transacted busine (See sections 608.501 & 608.5 | ss in Flor 502 F.S. t | ida, if prior to registration.) o determine penalty liability) | , | _ ಪ |
| _{7.} 200 Bellevue Parkway, Ste 210 | | , , , , | | APR |
| Wilmington, DE 19809 | | | | - 8 |
| | Address o | f Principal Office) | 200 m | |
| 8. If limited liability company is a manager-ma | maged c | ompany, check here | EST PST | ن ۃ ز |
| 9. The name and usual business addresses of th | ie manac | oing members or managers are as | follows | C29 |
| Innes Harding, Mikko Syrjanen, | | | | |
| | | pp odobo dia i odo | | |
| 200 Bellevue Parkway, Ste 210 | <u> </u> | | | _ |
| Wilmington, DE 19809 | | | | |
| 10. Attached is an original certificate of existence, no more he jurisdiction under the law of which it is organized. (A p ranslation of the certificate under oath of the translator mus | ohotocopy | is not acceptable. If the certificate is in a | having custody of foreign language, | records i a |
| 11. Nature of business or purposes to be conduc | cted or p | promoted in Florida: | | |
| Acquiring properties | | | | _ |
| (In accordance with section 608,408(3), if penalties of perjury that the facts stated | is, the ele | athorized representative of a member, cution of this document constitutes an affirmation subject at an aware that any false information subject a third degree felony as provided for in \$.81 | mitted in a | |
| MNE | · HAC | d name of signee | | |
| Typeur | or beating | a manne on arguee | | |

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.

| I. The name of | of the Limited Liability Company is: V LLC | |
|-----------------|--|---|
| If unavailable, | , the alternate to be used in the state of Florida is: | |
| 2. The name a | and the Florida street address of the registered agent and office are: | |
| | Florida Filing & Search Services Inc. | |
| | (Name) | - |
| | 155 Office Plaza Drive, Suite A | |
| | Florida Street Address (P.O. Box NOT ACCEPTABLE) | - |

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.

Tallahassee

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "E G H IV 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 THIRD DAY OF APRIL, A.D. 2013.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "E G H IV LLC"

WAS FORMED ON THE SECOND DAY OF APRIL, A.D. 2013.

5312981 8300

130388810

AUTHENT CATION: 0333258

DATE: 04-03-13

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