Division of Corporations Electronic Filing Cover Sheet

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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. \*\*

| Email | Address: |  |  |  |  |  |
|-------|----------|--|--|--|--|--|
|       |          |  |  |  |  |  |

#### Foreign Limited Liability Company STOCKBRIDGE CYPRESS PARK WEST, LLC

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

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K. SALY EXAMINER AUG 28 2013 CR2E027 (9/10)

#### **COVER LETTER**

TO:

Registration Section Division of Corporations

Stockbridge Cypress Park West, 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:

| Barry Braitman   |
|--|
| Name of Person   |
| Stockbridge Capital Group                              |
| Firm/Company .   |
| 300 N. LaSalle St., Suite 5450                         |
| Address  |
| Chicago, IL 60654                                      |
| City/State and Zip Code                                |
| BHB@BraitmanLegal.com                                  |
| S mail address. (to be used for fitting agents better) |

For further information concerning this matter, please call:

Melissa Nolan

<sub>1</sub>312 <u>288-352</u>

Name of Person

Area Code & Daytime Telephone Number

MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314 STREET ADDRESS:
Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

□ \$125.00 Filing Fee

☐ \$130.00 Filing Fee & Certificate of Status

☐ \$155.00 Filing Fee & Certified Copy

☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

# 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:

| Ш        | MITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:  |
|----------|--|
| 1.       | Stockbridge Cypress Park West, LLC   |
|          | (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")   |
|          |  |
| (If      | name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written usent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability"  |
| Ce       | empany," "LLC," "LLC.")  |
| <b>a</b> | Delaware 3   |
|          | (FEI number, if applicable)  company is organized)   |
| 4.       | August 22, 2013 5. Perpetual   |
| ••       | (Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")   |
|          | exist or perpetual /   |
| б.       | (Date first transacted business in Florida, if prior to registration.)   |
|          | (See sections 608.501 & 608.502 F.S. to determine penalty liability)   |
| 7.       | 4 Embarcadero Center, Suite 3300   |
| •        | - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1  |
|          | San Francisco, CA 94111  |
|          | (Street Address of Principal Office)   |
| 8.       | If limited liability company is a manager-managed company, check here  |
| _        |  |
| 9.       | The name and usual business addresses of the managing members or managers are as follows:  |
|          | Stockbridge Value Fund Holdings, LLC   |
|          |  |
|          | 4 Embarcadero Center, Suite 3300   |
|          | San Francisco, CA 94111  |
|          |  |
| 10       | Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in  |
|          | e jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a unknition of the certificate under oath of the translator must be submitted.)  |
|          |  |
| 11       | . Nature of business or purposes to be conducted or promoted in Florida:   |
|          | Real Estate Investment   |
|          | 05811 /  |
|          | Siferon of a manufacture of a manufactur |
|          | Signature of a member or an authorized representative of a member.  (In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the  |
|          | penalties of perjury that the facts stated herein are true. 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.)  |
|          | Daniel S. Weaver, Vice President of Applicant  |

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: |                       |                            |                     |        |  |  |
|--|-----------------------|----------------------------|---------------------|--------|--|--|
| Stockbridge (                                    | Cypress Park Wes      | t, LLC                     | · ••••              |        |  |  |
| If unavailable,                                  | the alternate to be u | sed in the state of Flor   | ida is:             |        |  |  |
| 2. The name a                                    | nd the Florida street | t address of the registe   | red agent and offic | e are: |  |  |
|  | CT Corporation        | System_                    |                     |        |  |  |
|  |                       | (Name)                     | <del></del>         |        |  |  |
| 1200 South Pine Island Road                      |                       |                            |                     |        |  |  |
|  | Florida               | a Street Address (P.O. Box | NOT ACCEPTABLE)     |        |  |  |
|  | Plantation            | FL<br>City/State           | 33324               |        |  |  |
|  |                       | 4.5.0                      | —                   |        |  |  |

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.

James M. Halpin

M D Assistant Secretary

(Signature)

\$ 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 3

### The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAMARE, DO HERBY CERTIFY "STOCKBRIDGE CYPRESS PARK WEST, 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 TWENTY-SECOND DAY OF AUGUST, A.D. 2013.

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

5387321 8300

131014963

Tou may verify this certificate calls at corp. delaware, gov/authvor. shoul

AUTHENTY CATION: 0685975

DATE: 08-22-13