Division of Corporations Electronic Filing Cover Sheet

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(((H13000258230 3)))



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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name

Account Number: FCA000000023 Phone

; (850) 222-1092

Fax Number

: (850)878-5368

RE-SUBMIT

: C T CORPORATION SYSTEMPICASE retain original fills date of submission 1/21

**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 **AMG Properties LLC**

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| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | W 07 |
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Electronic Filing Menu

Corporate Filing Menu

Help

850-817-6381 11/22/2013 10:55:18 AM PAGE 1/002 Fax Server

November 22, 2013

C T CORPORATION SYSTEM

SUBJECT: AMG PROPERTIES LLC

REF: W13000064701

RE-SUBMIT Please retain original filing date of submission 11/21

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Section 608.406, Florida Statutes, was amended effective July 1, 2007, to require the name of a foreign limited liability company to be distinguishable from the names of all other filings filed with the Division of Corporations, except for fictitious name registrations and general partnership registrations. Therefore, the limited liability company must select an alternate name for use in the state of Florida.

Please insert the alternate name in the space provided on the application form. You must also attach a copy of the written consent of the managers or managing members adopting the alternate name for Florida. For your convenience, we are enclosing a fill-in-the-blank form for you to complete and return to our office for processing.

The alternate name must end with the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The word "Limited" may be abbreviated as "Ltd." and the word "Company" may be abbreviated as "Co." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC".

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

13 NOV 25 AM 8: 3

850-817-6381 11/22/2013 10:55:16 AM PAGE 2/002 Fax Server

Deborah Bruce Regulatory Specialist II FAX Aud. #: H13000258230 Letter Number: 613A00027806

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| CR2 E027 (9/10) | l | CO | VER LETTER | | |
|--------------------------------|--|--|--|---|----------------------------------|
| | stration Section sion of Corporation | ns | | | |
| SUBJECT: | AMG PROPERTI | ES LLC | | | |
| | - | Name of L | imited Liability Company | | |
| The enclosed Existence, and | "Application by Fo I check are submin | preign Limited Liability Co ted to register the above rel | mpany for Authorization to brenced foreign limited liab | Transact Business in Florida," lity company to transact busine | Certificate of iss in Florida |
| Please return e | all correspondence | concerning this matter to t | he following: | | |
| | Joan M. Kersh | aw | | | |
| | | | Name of Person | * | |
| | Affiliated Man | agers Group, Inc. | | | |
| | | | Firm/Company | | 5 65 5 65 5 65 |
| | 600 Hale Street | t | | | |
| | | | Address | | NOV 2 |
| | Prides Crossing | , MA 01965 | | | |
| | | City/ | State and Zip Code | | |
| | joan.kershaw@s | | | · . | % |
| | | | ed for future annual report of | otification) | % 55 % 55 |
| | | ng this matter, please call: | | | |
| Joan | Kershaw | | et () | | |
| | | | en Code & Daytime Telepho | ne Number | |
| Divisi | On of Corporation | s Divisi | ET ADDRESS: on of Corporations | | |
| P.O. E | Iration Section Box 6327 | | tration Section n Building | | |
| | assoc, FL 32314 | Tallat | Executive Center Circle lassec, FL 32301 | | |
| nclosed is a | s check for the (25.00 Piling Fee | following amount: © \$130.00 Filing Pee & | □ \$155.00 Filing Fee & | ☐ \$160.00 Filing Fee, Cen | tlfiosta |
| | | Certificate of Status | Cartified Copy | of Status & Certified Co | эру |
| | | | | | |
| | | ************************************** | | | |
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CR2E122 (7/07)

WRITTEN CONSENT TO ADOPT ALTERNATE NAME FOR USE IN THE STATE OF FLORIDA

| We, the undersigned, do hereby certify that we are the Managers and/or Managir | ng |
|--|---------------|
| Members of AMG Properties LLC | _ |
| (Name of Limited Liability Company) | |
| a limited liability company duly organized and existing under the laws of | |
| Delaware | |
| (State or Country of Organization) | |
| Because the name of this foreign limited liability company does not satisfy the | |
| requirements of the s. 608.406, F.S., the limited liability company hereby adopts | the |
| following name to transact business in the state of Florida: | |
| AMG (WPB) Properties LLC | - 1980 - 2 |
| (Name to be used by limited liability company in Floride. NOTE: Name must end with Limited Liability Company, L.L.C., or LUC.) | |
| Date: 11/22/13 | 4 |
| | |
| Signature(s) of Manager(s) and/or Managing Member(s): AFFILIATED MANAGERS GROUP, INC., Hanager, | |
| By: Johnskingston III | |
| John Kingston, III Vice Cheirman, General Counsel | |
| and Secretary | |
| | - |
| | |
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| | |

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

| IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE | S, THE POLLOWING IS SUBMITTED TO REGISTER A FOREIGN STATE OF FLORIDA: |
|---|--|
| I. AMG PROPERTIES LLC | W. C. |
| (Name of Poreign Limited Liability Company; must include AMG (WPB) Properties LLC | = "Limited Liability Company," "L.L.C.," or "L.C.") |
| (If name unavailable, enter alternate name adopted for the purpose consent of the managers or managing members adopting the altern Company," "L.L.C," "LLC.") | |
| | 04-3519319 |
| (Jurisdiction under the law of which foreign limited liability company is organized) | (FEI aumber, if applicable) |
| 4. 5/5/2000 5. | perpetual |
| (Date of Organization) | (Duration: Year ilmited liability company will cease to exist or "perpetuel") |
| 6. July 10, 2007 | of State of the St |
| (Date first transacted business in Flori (See sections 608.501 & 608.502 F.S. t | da, if prior to registration.) o determine penalty liability) |
| 7. c/o Affiliated Managers Group, Inc. | |
| 600 Hale Street, Prides Crossing, MA 01965 | |
| (Street Address o | Principal Office) |
| 8. If limited liability company is a manager-managed c | ompany, check here |
| 9. The name and usual business addresses of the management | |
| Affiliated Managers Group, Inc. | |
| 600 Hale Street | |
| Prides Crossing, MA 01965 | |
| the jurisdiction under the law of which it is organized. (A photocopy translation of the certificate under oath of the translator must be subtr | itted.) |
| 11. Nature of business or purposes to be conducted or p | promoted in Plorida: 10 tests business effice space |
| and to engage in any business related thereto or useful in conn | ection therewith. |
| 1,b | |
| Signature of a member or an auth | orized representative of a member. |
| (in accordance with schling 602.408(3), F.S., the execut possities of occiusy that the facts stated herein are true. | ion 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 follows as provided for in s.817.155, P.S.) |
| John Kingston, III Typed or printed r | same 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 nam | e of the Limited Liability | y Company is: | |
|--|---|--|---|
| | ile, the alternate to be use WPB) Properti | ed in the state of Florida is: ies LLC | |
| 2. The name | e and the Plorida street a | address of the registered agent and office are; | So S |
| | · | C T Corporation System | |
| | <u> </u> | (Name) | |
| | | 1200 South Pine Island Road | (注)と |
| • | Florida Street Address (P.O. Box NOT ACCEPTABLE) | | 13.75 1.77 3 |
| | | , | tij ⊒ Fig. g |
| | Plantation | FL 33324 | |
| | | City/State/Zip | 4. C |
| liability com registered ag statutes relai | pany at the place designater that and agree to act in the proper and colling to the proper and colling to the proper and colling tions of my position | ant and to accept service of process for the above stated in this certificate. I hereby accept the appointments capacity. I further agree to comply with the provemplete performance of my duties, and I am familiar varieties agent as provided for in Chapter, 608, poration System. CHAPTER ASSETTION OF THE PROPERTY ASSETTION AS | nt as isions of all with and |
| | = | 100.00 Filing Fee for Application 25.00 Designation of Registered Agent 30.00 Certified Copy (optional) 5.00 Certificate of Status (optional) | in the second |

A 2 40 4

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "AMG PROPERTIES 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-FIRST DAY OF NOVEMBER, A.D. 2013.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

3223511

AUTHENTACATION: 0916877

DATE: 11-21-13