Florida Department of State

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Foreign Limited Liability Company VANBRIDGE LLC

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B. BOSTICK

JAN 16 2014

FYF -

1/15/2014

COVER LETTER

	istration Section sion of Corporations	ı	•			
SUBJECT:	Vanbridge LLC					
		Name of Lin	nited Liability Com	pany		
The enclosed Existence, and	"Application by For d check are submitte	eign Limited Liability Cont d to register the above refer	pany for Authoriza renced foreign limit	tion to Trai ed liability	isact Business in Florid company to transact bu	a," Certificate d siness in Plorid
Please return	all correspondence o	concerning this matter to the	following:			
	Barbara Bell					-
		N	ame of Person			
	Vanbridge LLC					
		Fi	rm/Company			_
	1185 Avenue of	the Americas 136 th	low			_
			Address	,		_
	New York, NY,	10036				
		City/S	tate and Zip Code			-
	bbell@vanbridge) [2011 JA 15
		E-mail address: (to be used	for future annual r	report notif	ication)	<u>ज्</u> य
For further in	formation concerning	g this matter, please call:			1	$\frac{1}{2}$
Barb	ara Bell		al (<u>646</u>	5729355	i	
	Name	f Person	Area Code		e Telephone Number	
Divid Regi P.O.	LING ADDRESS: sian of Corporations stration Section Box 6327 chassee, FL 32314	Divisio Registr Clifton 2661 B	ET ADDRESS: on of Corporations ation Section Building executive Center Cinssee, FL 32301	rcle		FF. 11 0×10.
Enclosed is	a check for the f 25.00 Filing Fee	ollowing amount: \$\Bigsiz\$ \$\\$130.00 \text{ Filing Fee & Certificate of Status}\$	□\$155,00 Filin Certified Cop	_	☐ \$160.00 Filing Fee, of Status & Certific	

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT RESIDESS IN THE STATE OF ELORIDA:

f name unavailable, enter alter	nate name adopted for the purpose of transacting business in Florid	a and attach a copy of the writt
onsent of the menagers or man	iging members adopting the alternate name. The alternate name mu	
ompany," "L.L.C," "LLC.")	74 214 6514	
Delaware	which foreign limited liability 3. 74-314 \$ 514	
(Jurisdiction under the law of company is organized)	which foreign limited liability (FEI number, if a	pplicable)
	12131/2013	
(Da	te first transacted business in Florida, If prior to registration.)	
•		= , , , , , ,
1185 Avenue of the Americ	as 36th Floor, New York, NY 10036	eman and a
		<u> </u>
	(Street Address of Principal Office)	<i>(//</i>
1185 Avenue of the America	3 36th Floor, New York, NY 10036	SS. UT
	7.10	
	(Mailing Address)	
. The name, title or capa	city and address of the person(s) who has/have authority	to manage is/are:
Philip V. Moyl	U.Tr Managing Principal and	(£0
^ .	- 1185 Avenue of the	Amoricas 36H
<u> </u>	· · · · · · · · · · · · · · · · · · ·	•
	New York, Ny 1003	6
	ate of existence, no more than 90 days old, duly authenticated by the c	
ine junscición under the law o undeten of the certificate under	of Which it is organized. (A photocopy is not acceptable. If the certific outh of the translator must be submitted.)	ate is in a foreign language, a
REPORT OF A SECTION SHEET OF STATE	ORDITOTOR (HATESAULT THUS COE STOTTINGOL)	
-	P.V. Hax	
	Signature of an authorized person	
•	is section 605.0203, P.S., the execution of this document constitutes an all iry that the facts stated herein are true. I am aware that any false inform	
· · · · · · · · · · · · · · · · · · ·	ory that the lacts stated herein are true. I aim aware that any talse intorn Department of State constitutes a third degree felony as provided	
eocument to the		

Typed or printed name of signee

يې

1. The name of the Limited Liability Company is:

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

If unavailal	ble, the alternate to be used in the state of Florida is:	
2. The nan	ne and the Florida street address of the registered agent and office	are:
	C T Corporation System	
	(Name)	P
	1200 South Pine Island Road	<i>S</i> .
	Florida Street Address (P.O. Box NOT ACCEPTABLE)	
	Plantation F1 33324	<u> </u>
	City/State/Zip	of par comes panels of m. pr
Marilia E.		b
liability cor registered a statutes rela	n named as registered agent and to accept service of process for the mpany at the place designated in this certificate, I hereby accept the agent and agree to act in this capacity. I further agree to comply wating to the proper and complete performance of my duties, and I a obligations of my position as registered agent as provided for in Chapter By: (Signature) Krietin	e appointment as ith the provisions of a m familiar with and capter 605, Florida
liability cor registered a statutes rela accept the o	mpany at the place designated in this certificate, I hereby accept the agent and agree to act in this capacity. I further agree to comply wating to the proper and complete performance of my duties, and I a obligations of my position as registered agent as provided for in Chapter By: (Signature) Kristin	n appointment as ith the provisions of a m familiar with and

Delaware

Dace '

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "VANBRIDGE 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 FOURTEENTH DAY OF JANUARY, A.D. 2014.

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

2014 JAN 15 AN 9: 0

3996708 8300

140047212

You may werify this certificate onling at corn doleware conforther, ship?

AUTHENTY CATION: 1058903

DATE: 01-14-14