Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

: C T CORPORATION SYSTEM Account Name Account Number : FCA000000023

: (850)222-1092

Fax Number

: (850)878-5368

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

Email	Address:	 _		_
Email	Address:			

Foreign Limited Liability Company Universal Studios Hotel III LLC

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

JAN 21 2014

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Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

TO: Registration Section Division of Corporations

Universal Studios Hotel III LLC

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, an

Universal City, CA 91608 City/State and Zip Code Walter.daley@nbcuni.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Gabriela Kornzweig Name of Contact Person MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314 City/State and Zip Code Walter.daley@nbcuni.com E-mail address: (to be used for future annual report notification) Area Code Daytime Telephone Number STREET ADDRESS: Division of Corporations Registration Section Citifon Building 2661 Executive Center Circle	Existence, and check are submitted to register the above referenced foreign limited liability company to transact b	usiness in Florida		
Name of Person Name of Person Plim/Company 100 Universal City Plaza Address Universal City, CA 91608 City/State and Zip Code Walter.daley@nbcuni.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Gabriela Kornzweig Name of Contact Person Matling Address: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314 Zefet Executive Center Circle	Please return all correspondence concerning this matter to the following:			
Too Universal City Plaza Address Universal City, CA 91608 City/State and Zip Code Walter.daley@nbcuni.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Gabriela Kornzweig Name of Contact Person MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314 Policy Plaza Address City/State and Zip Code Walter.daley@nbcuni.com E-mail address: (to be used for future annual report notification) Area Code Daytime Telephone Number STREET ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Citifion Building Tallahassee, FL 32314	Gabriela Kornzweig	m. 2		
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Universal City, CA 91608 City/State and Zip Code Walter.daley@nbcuni.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Gabriela Kornzweig at 818 777-8636 Name of Contact Person Area Code Daytime Telephone Number MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Clifton Building Tallahassee, FL 32314 City/State and Zip Code Walter.daley@nbcuni.com E-mail address: (to be used for future annual report notification) Area Code Daytime Telephone Number STREET ADDRESS: Division of Corporations Registration Section Registration Section P.O. Box 6327 Clifton Building Tallahassee, FL 32314	Pirm/Company			
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	Division of Corporations Registration Section P.O. Box 6327 Division of Corporations Registration Section Clifton Building			

Enclosed is a check for the following amount:

\$\sumset\$ \$\$\$\$130.00 Filing Fee & Certificate of Status

☐ \$155.00 Filing Fee & Certifled 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 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A

FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: 1 Universal Studios Hotel III 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. The alternate name must include "Limited Liability Company," "L.L.C," or "LLC.") _{2.}Delaware (Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable) (Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 1000 Universal Studios Plaza Orlando, FL 32819 (Street Address of Principal Office) _{6.} 100 Universal City Plaza Universal City, CA 91608 (Mailing Address) 7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Stuart Epstein, Manager - 30 Rockefeller Plaza, New York, NY 10112 Kimberley D. Harris, Manager - 30 Rockefeller Plaza, New York, NY 10112 8. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted) Signature of an authorized person enalties of perjury that the facts stated herein are true. I (In accordance with section 605.0203, F.S., the execution of this document constitutes an affirmation under the am aware that any false information submitted in a document to the Department of State constitutes a third dogree felony as provided for in \$ \$17.155, F.S.)

Typed or printed name of signee

Gabriela Kornzweig

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.

1. The name of the Lin Universal Stu	•	• •	, were	~ >	
If unavailable, the alte	St. St.	2014 JAN	1		
2. The name and the Florida street address of the registered agent and office are:			ない。	¥ : 7	1
CT	CT Corporation System			3	}
		(Name)		Œ	¥,
1200 South Pine Island Road			<u>Eni</u>	36	
	Florida Stree	et Address (P.O. Box NOT ACCEPTABLE)	_		
Plant	tation	FL 33324	_		
		City/State/Zip	_		

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 605, 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)

Delaware

PAGE

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO REREBY CERTIFY "UNIVERSAL STUDIOS HOTEL III 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 NOT BEEN ASSESSED TO DATE.

5459355 8300

140046839

You may verify this certificate online at corp. deleware. corp.authver. shtml

Jeffrey W. Bullock, Secretary of State

UTHENTACATION: 1058682

DATE: 01-14-14