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Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

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date of submission ah

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 **BRISTOL SALAMANCA, LLC**

Certificate of Status	0
Certified Copy	0
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B. BOSTICK

FEB **I** 1 2014

EXAM]2/7/2014

COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT: Bristol Salamanca, 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 Plorida.

Please return all correspondence concerning this matter to the following:

Deborah Abernathy
Name of Person
Orrick, Herrington & Sutcliffe LLP
Firm/Company
400 Capitol Mall, Suite 3000
Address
Sacramento, California 95814
City/State and Zip Code
tmclay@bristolgroupinc.com

E-mail address: (to be used for future ennual report notification)

For further information concerning this matter, please call:

Deborah Abernathy

Name of Contact Person

MAILING ADDRESS:
Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

Description Section
Ciffton 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

S155.00 Filing Fee & Certified Copy

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

> 5 05

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

IN COMPLIANCE WITH SECTION 603.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: 1. Bristol Salamanca, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "L.L.C.") (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Unbility Company," "L.L.C," or "LLC.") _{2.}Delaware (Jurisdiction under the law of which foreign limited liability company is organized) 2/7/2014 (Date first transacted business in Florida, If prior to registration.) (See sections 605.0904 & 605.0905, P.S. to determine penalty liability) 5 400 Montgomery Street, Suite 400 San Francisco, California 94104 (Sirect Address of Principal Office) 6, 400 Montgomery Street, Suite 400 San Francisco, California 94104 (Mplling Address) The name, title or capacity and address of the person(s) who has/have authority to manage is/arc: Jeffrey S. Kott Manager 400 Montgomery Street, Suite 400 San Francisco, California 94104 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 (in accordance with section 605.0203, F.S., the execution of this document constitues in affirmation under the penalties of perjury that the facts stated herein are true if an 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, P.S.) Deborah Abernathy, Authorized Person

Typed or printed name of signee

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 Li Bristol Salan	•	• •	
If unavailable, the alte	mate to be used in	n the state of Florida is:	
2. The name and the l	Plorida street addı	ress of the registered agent and office are:	<u></u> '
СТ	Corporati	on System	£. ~
		(Namc)	2014
120	00 South F	Pine Island Road	
	Florida Stree	Address (P.O. Box NOT ACCEPTABLE)	
Plan	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.

-(Signaturo)

\$ 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 "BRISTOL SALAMANCA, 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 SIXTH DAY OF FEBRUARY, A.D. 2014.

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

5477641 8300

140138635

You may varify this gartificate anline

Jeffrey W. Bullock, Secretary of State

DATE: 02-06-14

850-817-6381

2/10/2014 10:29:34 AM PAGE 1/001 Fax Serve



February 10, 2014

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CT CORPORATION SYSTEM

SUBJECT: BRISTOL SALAMANCA, LLC

REF: W14000008530



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.

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), AuthorizedPerson (AP), or Authorized Representative (AR).

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.

Barbara Bostick Regulatory Specialist II FAX Aud. #: H14000031023 Letter Number: 414A00002928

RE-SUBMIT
Please retain original filing
date of submission <u>ala</u>