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COVER LETTER

	istration Section Islon of Corporation	ıs						
SUBJECT:	Waterton Northbridg	go Fee Venture, L.L	C.					
		Name	of Limited	Liability Company		· · · · · · · · · · · · · · · · · · ·	-	
The enclosed Existence, an	"Application by Fond check are submitted	eign Limited Liabili d to register the abo	ity Comp	any for Authorization need foreign Ilmited	to Transliability o	sact Business in Florida company to transact bus	," Certific incss in F	ate of lorida
Please return	ali correspondence e	oncerning this matte	er to the (following:				
	Michelic J. Baye	r_					_	
			Na	me of Person			_	
	Waterton Associ	ales					٠	
	•		Fir	m/Company			 	
	30 S. Wacker Dr	., Ste. 3600					(A)	2014 KAR
				Address			7.14	31 20
	Chicago, IL 606	06						<u></u>
			City/Sta	tte and Zip Code		_	ļ	T
	mbayer@wallc.co							₽
		E-mail address: (to	o be used	for future annual report	notificati	on)	i dent	N
For further in	formation concerning	this matter, please	call:					9
Mic	helle J. Bayer			at (312) 4	176-2004			
		Contact Person		Area Code		me Telephone Number	-	
Divi Regi P.O.	ILING ADDRESS: sion of Corporations stration Section Box 6327 shassee, FL 32314		Division Registrat Clifton E 2661 Ex	ecutive Center Circle				
				sce, FL 32301				
	a check for the fo 125.00 Filing Fee	llowing amount \$130.00 Filing I Certificate of St	Fee &	S155.00 Filing For	ee åt i	□ \$160.00 Filing Fee, (of Status & Certified		

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:

Waterton Northbridge Fee Venture, L.L.C.	
(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 but lability Company," "L.L.C," or "L.L.C.")	siness in Florida. The atternate name must include "Limited
DELAWARE	
(Jurisdiction under the law of which foreign limited liability company is organized)	(FEI number, if applicable)
·	
(Date first transacted business in Florida, if pr (See sections 605.0904 & 605.0905, F.S. to deter	for to registration.) mine penalty liability)
30 S. Wacker Dr., Stc. 3600, Chicago, IL 60606	20
	Office)
(Street Address of Principal	Office)
30 S. Wacker Dr., Ste. 3600, Chicago, IL 60606	اِ يُنْ مَنْ اللَّهِ مِنْ اللَّ
	3
	·· .
(Mailing Address)	<u> </u>
Vaterton Northbridge Manager, L.L.C., Manager, 30 \$. Wacker Dr., Ste. 3	600, Chicago, IL 60606
Attached is an original certificate of existence, no more than aving custody of records in the jurisdiction under the law of we exceptable. If the certificate is in a foreign language, a translation until the submitted)	hich it is organized. (A photocopy is not
Signature of an authoriz accordance with section 405.0203, P.S., the execution of this document constitutes an affir a ware that any false information submitted in a document to the Department of State const	metion under the penalties of perjury that the facts stated herein are true
Peter M. Villm	
Typed or printed name of	

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.

Waterton Nort	thbridge Pes Venture, L.L.C.		
If unavailabl	le, the alternate to be used	l in the state of Florida is:	
2. The name	e and the Florida street ad	dress of the registered agent and office	are:
	CT Corporation System		
•		(Name)	
	1200 South Pinc Island R	Lond	<u> </u>
	Florida Str	Florida Street Address (P.O. Box NOT ACCEPTABLE)	
	Plantation	FT_ 33324	
		City/State/Zip	·
liability com registered ag statutes relat	pany at the place designate yent and agree to act in thi ling to the proper and com	it and to accept service of process for the ed in this certificate, I hereby accept the is capacity. I further agree to comply wi plete performance of my duties, and I an s registered agent as provided for in Cha	appointment as ith the provisions of all n familiar with and
	C T Corporation Syste	مستريبين شريدين	Connie Bryan Assistant Secretar
		(Signature)	TENNES EN LA PARTOR OF
	= ::	00.00 Filing Fee for Application 25.00 Designation of Registered Age	ent

\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO REREBY CERTIFY "WATERTON NORTHBRIDGE FEE VENTURE, L.L.C." IS DULY FORMED UNDER THE LANS 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 THIRTEENTH DAY OF MARCH, A.D. 2014.

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

140328738

AUTHENTICATION: 1205900

DATE: 03-13-14