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STEELBRIDGE 20 NORTH, LLC

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COVER LETTER

ECT: Steelbridge 20 North, t	Name of Limited Liability Company
nclosed "Application by Foreign Limi nee, and check are submitted to regist	ited Liability Company for Authorization to Transact Business in Florida," Certificater the above referenced foreign limited liability company to transact business in Florida.
return all correspondence concerning	g this matter to the following:
Gavin Campbell	
	Name of Person
Steelbridge Capital,	, LLC
	Firm/Company
2560 W. Montrose,	Suite 104
	Address
Chicago, IL 60618	
	City/State and Zip Code
gcampbell@steelbri	
E-mail ac	ddress: (to be used for future annual report notification)
rther information concerning this mut	iter, please call:
Gavin Campbell	at (773) 267-9200 Area Code Daytime Telephone Number
Name of Person	Area Code Daytime Telephone Number
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassec, FL 32314	STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301
	g amount: .00 Filing Fee & \$\Bigsquare\$ \$155.00 Filing Fee & \$\Bigsquare\$ \$160.00 Filing Fee, Certificate ificate of Status \$\Bigsquare\$ Certified Copy 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: Steelbridge 20 North, 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 and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C," "LLC.") (Jurisdiction under the law of which foreign limited liability company is organized) upon qualification (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 5. c/o Steelbridge Capital, LLC 2560 W. Montrose, Suite 104, Chicago, IL 60618 (Street Address of Principal Office) 6. c/o Steelbridge Capital, LLC 2560 W. Montrose, Suite 104, Chicago, IL 60618 (Mailing Address) 7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Steelbridge 20 North Venture, LLC, as the sole member and manager, with an address of: c/o Steelbridge Capital, LLC, 2560 W. Montrose, Sulte 104, Chicago, IL 60618 Attention: Gavin Campbell 8. Attached is an original certificate of existence, no more than 90 days old, duty 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 constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am 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, F.S.) Gavin Campbell

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 Limited Liability Company is:		
Steelbridge 20 North, LLC		
If unavailable, the alternate to be used in the state of Florida is	:	
2. The name and the Florida street address of the registered ag	4	SE
National Corporate Research,	Ltd., Inc.	
(Name)	œ	
155 Office Plaza Drive		크림 다
Florida Street Address (P.O. Box NOT	ACCEPTABLE)	SHOLLWED.
Tallahassee FL	32301	77
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.

Kim Peters Assistant Servetar

\$ 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 "STEELBRIDGE 20 NORTH, 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-SEVENTH DAY OF AUGUST, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "STEELBRIDGE 20 NORTH, LLC" WAS FORMED ON THE TWENTY-SIXTH DAY OF AUGUST, A.D. 2014.

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

5593112 8300

141112535

AUTHENTY CATION: 1651079

DATE: 08-27-14

You may verify this certificate online at corp.delaware.gov/authver.shtml