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Special Instructions to	Filing Officer:	
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Office Use Only



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HOY O 9 WILLS

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE: 863044 4805411

AUTHORIZATION

COST LIMIT : 1 355.00

ORDER DATE: November 5, 2015

ORDER TIME : 4:01 PM

ORDER NO. : 863044-025

CUSTOMER NO: 4805411

#### FOREIGN FILINGS

NAME: GCAM ADAMSON LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams -- EXT# 62935

EXAMINER:

### **COVER LETTER**

TO:

Registration Section

Division of Corporations					
SUBJECT: GCAM Adamson	LLC				
Name	of Limited Liability Company				
	lity Company for Authorization to Transact Business in Florida," Certificate of ove referenced foreign limited liability company to transact business in Florida				
Please return all correspondence concerning this mat	ter to the following:				
John Lane					
	Name of Person				
Pacific Investmen	nt Management Company LLC				
	Firm/Company				
650 Newport Center Drive					
	Address				
Newport Beach, CA 92660					
	City/State and Zip Code				
E-mail address:	to be used for future annual report notification)				
For further information concerning this matter, please					
John Lane	at 949 720-6000 Area Code Daytime Telephone Nilmber				
Name of Contact Person	Area Code Daytime Telephone Number  STREET ADDRESS: Division of Corporations				
MAILING ADDRESS:	STREET ADDRESS:				
Division of Corporations Registration Section	Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle				
P.O. Box 6327	Clifton Building				
Tallahassee, FL 32314					
	Tallahassee, FL 32301				
Enclosed is a check for the following amount					
□ \$125.00 Filing Fee □ \$130.00 Filing Fee & □ \$155.00 Filing Fee & □ \$160.00 Filing Fee, Certificate  Certificate of Status 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: GCAM Adamson 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.") Delaware (Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 5. 650 Newport Center Drive, Newport Beach, CA 92660 (Street Address of Principal Office) 6. 650 Newport Center Drive, Newport Beach, CA 92660 (Mailing Address) 7. The name, title or capacity and address of the person(s) who has/have authority to manage, is/are: John Lane, Executive Vice President of Pacific Investment Company LLC, the Managing Member of PIMCO GP XII, LLC, the General Participal PIMCO Bravo Fund It, L.P., the Managing Member of TOBI XIX LLC, the Managing Member of GCAM Legacy LLC, the Managing Member of the Applicant 650 Newport Center Drive, Newport Beach, CA 92660 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

Signature of an authorized person

acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator

(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.)

John Lane

must be submitted)

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 C	ompany is:	<u>.</u>	
If unavailable	e, the alternate to be used i	n the state of Florida is:		
2. The name	and the Florida street add	ress of the registered agent and office	are:	
	Corporation Service Cor	npany		
		(Name)	2015 SEC	
	1201 Hays Street		S NOV	77
	Florida Stree	Florida Street Address (P.O. Box NOT ACCEPTABLE)		
	Tallahassee	32301 FL	Y OF S	
		City/State/Zip	D. LI	
liability comp registered ag statutes relati	oany at the place designated ent and agree to act in this ing to the proper and comp	and to accept service of process for the din this certificate, I hereby accept the capacity. I further agree to comply welete performance of my duties, and I aregistered agent as provided for in Ch	e appointment as with the provisions of am familiar with and hapter 605, Florida	all
	Corporation Service Servic	(Signature)	Courtney Willi Asst. Vice Pres	
	\$ 10	0.00 Filing Fee for Application		

\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

Page 1

# <u>Delaware</u>

#### The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "GCAM ADAMSON 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 NOVEMBER, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "GCAM ADAMSON LLC" WAS FORMED ON THE THIRTEENTH DAY OF OCTOBER, A.D. 2015.

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



Authentication: 10376112

Date: 11-06-15