## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((H160002420613)))



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To:

Division of Corporations

Fax Number (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (850)205-8842 : (850)878-5368 Fax Number

Requesting Orinigal Order Date 9-28-16

\*\*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 LDI Operations, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing Menu

S Warren

OCT 06 2016

850-617-6381

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September 30, 2016

FLORIDA DEPARTMENT OF STATE
Division of Corporations

C T CORPORATION SYSTEM

SUBJECT: LDI OPERATIONS, LLC

REF: W16000067406

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.

Pursuant to s.605.0902(1)(e), Florida Statutes, the document must contain the name, title or capacity and address of at least one person who has the authority to manage the foreign limited liability company.

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.

Stacey M Warren Regulatory Specialist II FAX Aud. #: H16000242061 Letter Number: 016A00021084

#### COVER LETTER

		•	. 21. 221121		
TO:	Registration Section Division of Corporation	ns			
SUBJ	ECT: LDI Operations, LI	.C			
GOD4.			Limited Liability Company		
The en Existe	closed "Application by Fo	reign Limited Liability Com	pany for Authorization to Tra	ansact Business in Florida," Certificate of y company to transact business in Florida	
Please	return all correspondence	concerning this matter to the	following:		
		N	ame of Person		
		Firm/Company			
	Address				
		City/S	tate and Zip Code		
	wkuslawdept@w	olterskluwer.com			
		E-mail address: (to be used	for future annual report not	ification)	
For fur	ther information concernin	g this matter, please call:			
			at ()		
	Name o	of Contact Person	Area Code Day	time Telephone Number	
	MAILING ADDRESS:			ADDRESS:	
	Division of Corporations  Division of Corporations				
	Registration Section	Registration Section Registration Section P.O. Box 6327 Clifton Building			
	Tallahassee, FL 32314			ecutive Center Circle	
	14114314350, 1 15 5 25 1 1			ee, FL 32301	
Enclose	ed is a check for the follow				
	□ \$125.00 Filing Fee	S130.00 Filing Fee & Certificate of Status	□ \$155.00 Filing Fcc & Certified 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 605.0502, FLORIDA STATUTES, THE POLLOWING IS SUBMITTED TO RECUSTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: 1. LDI Operations, 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 3. 45-3419921 (Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable) 4. 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. 450 North Brand Blvd, Suite 900, Glendale, CA 91203 (Street Address of Principal Office) 6. Same (Mailing Address) 7. Name and street address of Florida registered agent; (P.O. Box NOT acceptable) C T Corporation System Name: 1200 South Pine Island Road Office Address: Plantation Florida 33324 Registered agent's acceptance: 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 application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to complywith the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and Toppmin systemes M. Halpin accept the obligations of my position as registered agent. Assistant Secretary 8. The name, title or capacity and addless of the person(s) who has/have authority to manage is/are: Catherine Wolfe, 333 Seventh Avenue, New York, NY 10001 - Manager Susan Yules, 76 Ninth Ave 7th floor, New York, NY 10011 Roy Mulder, 333 Seventh Ave, 20th Floor, New York, NY 10001 - Manager 9. Attached is a 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. (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

This document is executed in accordance with section 605.0203 (1) (h), Florida Statutes. 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, P.S.

Typed or printed name of signee

# Delaware The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "LDI OPERATIONS, 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-EIGHTH DAY OF SEPTEMBER, A.D. 2016.

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

5035307 8300 SR# 20165981920

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

Authentication: 203074447

Date: 09-28-16