

M17000010205

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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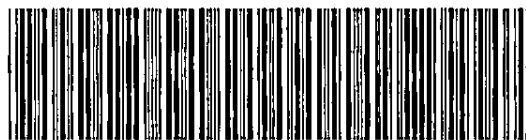
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

S. WARREN

DEC 05 2017

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** University Reciprocal Manager, 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 Florida.

Please return all correspondence concerning this matter to the following:

Jeremy Johnston  
\_\_\_\_\_  
Name of Person

Marsh Management Services Inc.  
\_\_\_\_\_  
Firm/Company

100 Bank Street, Suite 610  
\_\_\_\_\_  
Address

Burlington, VT 05401  
\_\_\_\_\_  
City/State and Zip Code

Jeremy.Johnston@marsh.com  
\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jeremy Johnston	802	864-2112
_____ Name of Contact Person	at (_____) Area Code	_____ Daytime Telephone Number

**MAILING ADDRESS:**

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

**STREET ADDRESS:**

Division of Corporations  
Registration Section  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Enclosed is a check for the following amount:

- |  |   |  |  |
|--|---|--|--|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &<br>Certified Copy | <input checked="" type="checkbox"/> \$160.00 Filing Fee, Certificate<br>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:

1. University Reciprocal Manager, 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. Vermont  
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 20-1082032  
(FEI number, if applicable)

4. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0903, F.S. to determine penalty liability)

5. 100 Bank Street, Suite 610  
(Street Address of Principal Office)  
Burlington, VT 05401

6. PO Box 530  
(Mailing Address)  
Burlington, VT 05402-0530

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: CT Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324  
(City) (Zip code)

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 comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Stephanie Pico, Asst. Sec.  
(Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
attached			

(Use attachments if necessary)

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)

10. This document is executed in accordance with section 605.0203 (1) (b), 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, F.S.

Marcy Waterfall  
Signature of an authorized person

Marcy Waterfall  
Typed or printed name of signee

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CLERK OF STATE  
TALLAHASSEE, FLORIDA

University Reciprocal Manager LLC

Question #8

President:

**Mr. Timothy T. Hesler, CTP**

Director, Global Banking and Treasury  
New York University  
105 East 17th Street  
New York, NY 10003

Vice President:

**Ms. Megan Adams**

Assistant Treasurer, Director of Risk Management  
Princeton University  
701 Carnegie Center, Suite 154  
Princeton, NJ 08540

Treasurer:

**Ms. Carol Lovell, CFA**

Associate Vice President, Financial Affairs  
Boston University  
881 Commonwealth Avenue  
Boston, MA 02215

Secretary:

**Kathy Davis**

Downs, Rachlin, Martin PLLC  
199 Main Street, P.O. Box 190  
Burlington, Vermont 05402-0190

Assistant Secretary & Assistant Treasurer:

**Marcy Waterfall**

Marsh Management Services  
100 Bank Street  
Suite 610  
Burlington, VT 05401

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CLERK OF DISTRICT COURT  
TALLAHASSEE, FLORIDA

STATE OF VERMONT  
OFFICE OF SECRETARY OF STATE

Certificate of Good Standing

I, James C. Condos, Vermont Secretary of State, do hereby certify that according to the records of this office

UNIVERSITY RECIPROCAL MANAGER, LLC

a Domestic Limited Liability Company formed under the laws of the State of VERMONT, was filed for record in this office on Mar 15, 2004.

I further certify that the company has perpetual duration, that its most recent annual report is on file, and that as of this date, articles of dissolution / withdrawal have not been filed.

November 15, 2017

Given under my hand and the seal of the State of Vermont, at Montpelier, the State Capital.



A handwritten signature in black ink, reading "James C. Condos".

James C. Condos  
Vermont Secretary of State

Business ID: 0010493  
Certificate Number: 2013398775001