# M8000010444

(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
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Certified Copies Certificates of Status
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1126-18

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE: 497925 4374025

AUTHORIZATION : THE BEAR

COST LIMIT : \$ 125.00

ORDER DATE: November 20, 2018

ORDER TIME : 1:21 PM

ORDER NO. : 497925-050

CUSTOMER NO: 4374025

\_\_\_\_\_

#### FOREIGN FILINGS

NAME: VISTA GRANDE TT, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Emily Croft -- EXT# 62925

EXAMINER:

#### **COVER LETTER**

TO:

	Division of Corporations		
UBJI	Vista Grande TT, LLC ECT:		
	Name of	Limited Liability Company	
he en xiste	closed "Application by Foreign Limited Liability Compace, and check are submitted to register the above reference.	pany for Authorization to Tra enced foreign limited liability	ansact Business in Florida," Certificate y company to transact business in Flori
lease	return all correspondence concerning this matter to the	following:	
	Michelle L. Kaler		
	N	ame of Person	
	Investcorp		
	F	irm/Company	
	280 Park Avenue, 36W		
		Address	
	New York, NY 10017		
	City/S	State and Zip Code	
	realestate@investcorp.com		
	E-mail address: (to be use	d for future annual report no	tification)
For fu	rther information concerning this matter, please call:		
	Michelle Kaler	212 703-12 at ( )	
	Name of Contact Person	Arca Code Day	ytime Telephone Number
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327		Division Registral Clifton F	•
	Tallahassee, Fl. 32314		ecutive Center Circle see, FL 32301
Enclos	sed is a check for the following amount:  \$\Boxed{\text{\$\subset}\$ \$\$\$ \$	☐ \$155.00 Filing Fee & 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 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

(If name unavailable, enter alternate n	same adopted for the purpose of transacting business in Flo	nda. The alternate name must include "Lamited	Liability Company," "L.L.C," or "LLC.")	
2. Delaware		3.	-	
	hich foreign limited liability company is organized)	(FEI r	number, if applicable)	
4.				
4	(Date first transacted business in Florida, if prior to (See acctions 605.0904 & 605.0905, F.S. to determ	registration ) ne penalty hability)	<del></del>	
5 c/o Investcorp	(2000)	6		
(Street Address of Principal Office)		(Mailing	(Mailing Address)	
280 Park Avenue, 36W	<u></u>		<del></del>	
New York, NY 10017		<del> </del>	2018 NOV	
			AC 9 -	
7. Name and street addre	ss of Florida registered agent: (P.O. Box	NOT acceptable)	HASSI F	
Name:	Corporation Service Company		50.5	
	1201 Hays Street	<del></del>	두 로	
Office Address:	1201 Hays Street		9: 40	
	Tallahassee	, Florida <u>32301</u>		
Registered agent's accep	(City)	(Zip	o code)	
		$\Gamma$	act in this capacity. I further agree	
to comply with the provis and accept the obligation	ions of all statutes relative to the properties of my position as registered agent Corporation 89 ryice Company	and complete performanters	y Clips and I am familiar with	
to comply with the provis and accept the obligation	ions of all statutes relative to the proper is of my position as registered agent	Asst. Vic	ly Officiand I am familiar with ce President	
апа ассері іне обыданов	tions of all statutes relative to the properties of my position as registered agent.  Corporation Service Company  By:  (Register Figure)	Asst. Vic	ty Crostend I am familiar with ce President	
8. The name, title or cap	cions of all statutes relative to the property of my position as registered agent.  Corporation service Company  By:  (Register sector)  (Register sector)  (Register sector)  (Register sector)	ASST. Vices and complete performanter ASST. Vices and as share authority to manage is/ar	ty Crostend I am familiar with ce President	
8. The name, title or cap  Title or Capacity:	cions of all statutes relative to the properties of my position as registered agent.  Corporation Service Company By:  (Register agent's static and address of the person(s) who have and Address:	Asst. Vic	ty Ctostend I am familiar with ce President	
8. The name, title or cap	cions of all statutes relative to the property of my position as registered agent.  Corporation service Company  By:  (Register sector)  (Register sector)  (Register sector)  (Register sector)	ASST. Vicesignature Asst. Vicesignature authority to manage is/ar Title or Capacity:	e:  Name and Address:  H. Herbert Myers  c/o Investcorp 280 Park Ave	
8. The name, title or cap  Title or Capacity:	cions of all statutes relative to the properties of my position as registered agent.  Corporation Service Company By:  (Register agent's reacity and address of the person(s) who have and Address:  F. Jonathan Dracos	ASST. Vicesignature Asst. Vicesignature authority to manage is/ar Title or Capacity:	ty Chos and I am familiar with Ce President  e:  Name and Address:  H. Herbert Myers	
8. The name, title or cap  Title or Capacity:  President	cions of all statutes relative to the property of my position as registered agent.  Corporation service Company By:  (Register Egent's reacity and address of the person(s) who have and Address:  F. Jonathan Dracos  Clo Investcorp 280 Park Avenew York, NY 10017	ASST. Vicesignature ASST. Vicesignature authority to manage is/ar  Title or Capacity:  Vice President	e:  Name and Address:  H. Herbert Myers  c/o Investcorp 280 Park Ave  New York, NY 10017	
8. The name, title or cap  Title or Capacity:	corporation as registered agent Corporation as registered agent Corporation service Company By:  (Register agent's Pacity and address of the person(s) who have and Address:  F. Jonathan Dracos Co Investcoro 280 Park Ave New York, NY 10017  J. Michael O'Brien Co Investcoro 280 Park Ave	ASST. Vicesignature Asst. Vicesignature authority to manage is/ar Title or Capacity:	e:  Name and Address:  H. Herbert Myers  c/o Investcorp 280 Park Ave New York, NY 10017  Brian T. Kelley	
8. The name, title or cap  Title or Capacity:  President	cions of all statutes relative to the property of my position as registered agent.  Corporation service Company By:  (Register Egent's reacity and address of the person(s) who have and Address:  F. Jonathan Dracos  Clo Investcorp 280 Park Avenew York, NY 10017	ASST. Vicesignature ASST. Vicesignature authority to manage is/ar  Title or Capacity:  Vice President	e:  Name and Address:  H. Herbert Myers  c/o Investcorp 280 Park Ave  New York, NY 10017	
8. The name, title or cap  Title or Capacity:  President	corporation as registered agent. Corporation as registered agent. Corporation service Company By:  (Register agent's reacity and address of the person(s) who have and Address:  F. Jonathan Dracos  c/o Investcorp 280 Park Ave New York, NY 10017  J. Michael O'Brien  c/o Investcorp 280 Park Ave New York, NY 10017	ASST. Vicesignature ASST. Vicesignature authority to manage is/ar  Title or Capacity:  Vice President	e:  Name and Address:  H. Herbert Myers  c/o Investcorp 280 Park Ave New York, NY 10017  Brian T. Kelley	
8. The name, title or cap  Title or Capacity:  President  Vice President  (Use attachments if nece	corporation service Company By:  (Register agent's reacity and address of the person(s) who have and Address:  F. Jonathan Dracos  Co Investcorp 280 Park Ave New York, NY 10017  J. Michael O'Brien  Co Investcorp 280 Park Ave New York, NY 10017  Security and address of the person(s) who have and Address:  F. Jonathan Dracos  Co Investcorp 280 Park Ave New York, NY 10017	ASST. Vicesident  Vice President  Vice President	e:  Name and Address:  H. Herbert Myers  c/o Investcorp 280 Park Ave New York, NY 10017  Brian T. Kelley  c/o Investcorp 280 Park Ave New York, NY 10017	
8. The name, title or cap  Title or Capacity:  President  Vice President  (Use attachments if nece	corporation as registered agent. Corporation as registered agent. Corporation service Company By:  (Register agent's reactive agent) (Register agent's reactive agent's reactive and address of the person(s) who have and Address:  F. Jonathan Dracos Colonvestcoro 280 Park Avenew York, NY 10017  J. Michael O'Brien Colonvestcoro 280 Park Avenew York, NY 10017  sssary)  c of existence, no more than 90 days old, of which it is organized. (If the certification is sorganized)	ASST. Vicesident  Vice President  Vice President  duly authenticated by the officia	e:  Name and Address:  H. Herbert Myers  c/o Investcorp 280 Park Ave New York, NY 10017  Brian T. Kelley  c/o Investcorp 280 Park Ave New York, NY 10017	
8. The name, title or cap  Title or Capacity:  President  Vice President  (Use attachments if nece 9. Attached is a certificate jurisdiction under the law of the translator must be seen to the comment is executed.)	cuted in accordance with section 605.020	ASST. Vicesignature:  ASST. Vicesignature:  ASST. Vicesignature:  Vice President  Vice President  duly authenticated by the officiate is in a foreign language, a transport of the control	e:  Name and Address: H. Herbert Myers c/o Investcorp 280 Park Ave New York, NY 10017  Brian T. Kelley c/o Investcorp 280 Park Ave New York, NY 10017	
8. The name, title or cap  Title or Capacity:  President  Vice President  (Use attachments if nece  9. Attached is a certificate jurisdiction under the law of the translator must be seen to the comment is executed to the comment is execu	sions of all statutes relative to the property of my position as registered agent.  Corporation Service Company By:  (Register agent's reacity and address of the person(s) who have and Address:  F. Jonathan Dracos  c/o Investcorp 280 Park Ave New York, NY 10017  J. Michael O'Brien  c/o Investcorp 280 Park Ave New York, NY 10017  ssary)  e of existence, no more than 90 days old, of which it is organized. (If the certifical submitted)	ASST. Vicesignature:  ASST. Vicesignature:  ASST. Vicesignature:  Vice President  Vice President  duly authenticated by the officiate is in a foreign language, a transport of the control	President  E. Name and Address:  H. Herbert Myers  c/o Investcorp 280 Park Ave New York, NY 10017  Brian T. Kelley  c/o Investcorp 280 Park Ave New York, NY 10017	
8. The name, title or cap  Title or Capacity:  President  Vice President  (Use attachments if nece  9. Attached is a certificate jurisdiction under the law of the translator must be seen to the comment is executed to the comment is execu	sions of all statutes relative to the property of my position as registered agent.  Corporation service Company By:  Pacity and address of the person(s) who hame and Address:  F. Jonathan Dracos  Co Investcorp 280 Park Ave New York, NY 10017  J. Michael O'Brien  Co Investcorp 280 Park Ave New York, NY 10017  ssary)  of existence, no more than 90 days old, of which it is organized. (If the certifical submitted)  cuted in accordance with section 605.020 to the Department of State constitutes at the section of the constitutes at the constitut	ASST. Vice President  Vice President  Vice President  Vice President  Vice President  ASST. Vice President  Vice President  Vice President  I duly authenticated by the official te is in a foreign language, a transport of the control of the contro	e:  Name and Address: H. Herbert Myers c/o Investcorp 280 Park Ave New York, NY 10017  Brian T. Kelley c/o Investcorp 280 Park Ave New York, NY 10017	
8. The name, title or cap  Title or Capacity:  President  Vice President  (Use attachments if nece  9. Attached is a certificate jurisdiction under the law of the translator must be seen to the comment is executed to the comment is execu	sions of all statutes relative to the property of my position as registered agent.  Corporation service Company By:  Pacity and address of the person(s) who hame and Address:  F. Jonathan Dracos  Co Investcorp 280 Park Ave New York, NY 10017  J. Michael O'Brien  Co Investcorp 280 Park Ave New York, NY 10017  ssary)  of existence, no more than 90 days old, of which it is organized. (If the certifical submitted)  cuted in accordance with section 605.020 to the Department of State constitutes at the section of the constitutes at the constitut	ASST. Vicesignature:  ASST. Vicesignature:  ASST. Vicesignature:  Vice President  Vice President  duly authenticated by the officiate is in a foreign language, a transport of the control	e:  Name and Address: H. Herbert Myers c/o Investcorp 280 Park Ave New York, NY 10017  Brian T. Kelley c/o Investcorp 280 Park Ave New York, NY 10017	

Typed or printed name of signer

## Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "VISTA GRANDE TT, 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-FIRST DAY OF NOVEMBER, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "VISTA GRANDE TT, LLC" WAS FORMED ON THE TWENTIETH DAY OF NOVEMBER, A.D. 2018.

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

Authentication: 203947741

Date: 11-21-18