8/20/2019

Division of Corporations Divis

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 : (954)208-0845 Fax Number

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
NI	LP Wayfa	air BTS,	LLC

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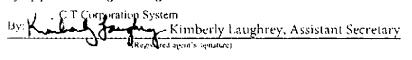
APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPILANCE WITH SECTION 608.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

(Name of Foreign	Linused Liability Company; must include "Linus	d Liability	Company," [L.L.C.," or "LLC.")				
name unavailable, ciner affectate in	nne adopted for the purpose of transfering business in Flu	adv. The alt	orante mane must mehide "Limited Liaberry	, Сеприя, ""	1.1.0."01"1	.Lı	
Delaware (hoistiction under the low of which foreign linated hability company is organized)		84-3082039 3 (01 Tomolect, d sypheside)					
	(Date first transacted business in Florida, if prior to 18 corrections 605 0004 A, Oly 0005, P.S. to defaute	teaning in) क्रीवर्शिक्				
Four Embarcadoro Center, Suite 3300 (Sinct Address of Pancipit Office) San Francisco, CA 94) 11				Embarcadero Center, Suite 3300 (Maiung Adoress)			
		6.	(Mailing Address)				
		San Francisco, CA 94111					
		-					
Name and street addres	s of Florida registered agent: (Р.О. Вод	. <u>NOT</u> a	eceptable)		2019 SEP		
Name:	C T Corporation System	***********			P 23		
Office Address:	1200 South Pine Island Road	 		-	WH 10:		
	Plantation		33324 . Florida		25		
	(City)		(Zig 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.



Title or Capacity:	Name and Address:	Title or Capacit	Σ	Name 20	d Address:	٠
☐Manager	Name: Stockbridge NLP OP, L.P.	☐ Manager	Name:			
⊠Member	Address: Four Embarcadero Center	Member				
Authorized	Suite 3300	Authorized				•
Person	San Francisco, CA 94111	Person		-		
Other	Other	Other	ph them see you will be	Other_	 	
☐Munuger	Name:	Малаусг	Name:	-		
∏Member	Address:	Member	. Address:			
Authorized	THE SAME AND DESCRIPTION OF A SAME PROPERTY OF A SA	Authorized				
Person		Person			W-11-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	
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□Nianager □Member	Name:Address:	☐ Manager		:	ॉर्ग	
Authorized -		Authorized	•		ω	ده سه
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ndexed individuals 9. Attached is a certionistic tion and a certion and a certific and a	se an attachment to report more than six (b). The may be added to the index when filing your Floiliteate of existence, no more than 90 days old, deciaw of which it is organized, (If the certificate a be submitted)	rida Department of Sta July authenticated by the is in a foreign languag	te Annual Repo e official bavin	rt form. g custody of	enly. Non-	ne
10. This document is submitted in a docum	s executed in accordance with section 605,0203 nent to the Department of State constitutes a thin	(1) (b), Florida Statute d degree felony as pro-	s. I am aware the	iat any false i 17.155, F.S.	nformation	,
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Page 1

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

DELAWARE, DO HEREBY CERTIFY "NLP WAYFAIR BTS, 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 TWENTIETH DAY OF SEPTEMBER, A.D. 2019.

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

an at corn delaware sov/auth

Authentication: 203640918

Date: 09-20-19