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CT CORPORATION SYSTEM

PAGE 1/03

Division of Corporations

Page 1 of 1

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LIMITED LIABILITY REINSTATEMENT

NEUBERGER BERMAN, LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$205.00

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REINSTATEMENT 2004-2005

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PAGE 02/03
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LIMITED LIABILITY COMPANY REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # M96000000479 1. Limited Liability Company's Name Neuberger Berman, LLC							
2. Principal Office Address 605 Third Avenue Suite, Apt. #, etc. 21st Floor, Legal Dept. City & State New York, NY Zip 10158 Country New York				3. Mailing Office Address Suite, Apt. #, etc. City & State Zip Country			
4. State/Country of Formation Delaware				5. Date Organized or Qualified To Do Business in Florida 12/2/96			
6. FEI Number 13-5521910				7. CERTIFICATE OF STATUS DESIRED ☒ To do business in Florida and report to a Federal Tax Authority ☐ Not Applicable			
8. Name and Address of Current Registered Agent Name CT Corporation System Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Road Suite, Apt. #, Etc. City PLANTATION State FL Zip Code 33324							
9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S. Signature of Registered Agent <u>Carrie Bryan</u> <i>Special Agent</i> REGISTERED AGENT MUST SIGN Date 3/2/05							
10. Names and Street Addresses of Managing Members/Managers							
Task	Name of Managing Member/Manager	Street Address of Each Managing Member/Manager	City / State / Zip				
MGRM	Neuberger Berman Inc.	605 Third Avenue	New York, NY 10158				
11. I certify that I am managing member/manager of the relevant or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company now satisfies the requirements of section 608.406, F.S. and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as it made under oath. Neuberger Berman Inc. Signature of Managing Member/Manager <u>Maxine H. Gerson</u> Date 3/2/05 Daytime Phone # 646-497-4675 Typed or printed name of signing Managing Member/Manager							