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Florida Department of State
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FOREIGN PROFIT/NONPROFIT CORPORATION
MDM GP Management, Inc.

Certificate of Status	0
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Page Count	03
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2 04/11/13

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APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. MDM GP Management, Inc.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Delaware

(State or country under the law of which it is incorporated)

3. 46-2445853

(FEI number, if applicable)

4. 04/02/2013

(Date of incorporation)

5. perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6.

(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 501 Brickell Key Drive, Suite 200, Miami, FL 33131

(Principal office address)

501 Brickell Key Drive, Suite 200, Miami, FL 33131

(Current mailing address)

8. The company will conduct its business in Florida.

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

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

Name: United States Registered Agents, Inc.

Office Address: 420 S. Dixie Highway, Suite 4B

Coral Gables, Florida 33146

(City)

(Zip code)

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10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation 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.

(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

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12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

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PALM BEACH COUNTY FLORIDA

B. OFFICERS

President: Manuel D. Medina

Address: 501 Brickell Key Drive, Suite 200

Miami, FL 33131

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

13. _____

Manuel D. Medina

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that 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.

14. Manuel D. Medina, President

(Typed or printed name and capacity of person signing application)

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Delaware

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MDM GP MANAGEMENT, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FIFTH DAY OF APRIL, A.D. 2013.

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13 APR 10 AM 10:00
SECRETARY OF STATE
PALETTA ASSOCIATES, FLORIDA



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at corp.delaware.gov/authver.shtml

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Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 0338623

DATE: 04-05-13