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ACCOUNT NO. : I2000000195

REFERENCE : 833393 7833946

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| ORDER | DATE | : | October 3, 2013 |
|-------|------|---|-----------------|
| ORDER | TIME | : | 12:19 PM |
| ORDER | NO. | : | 833393-015 |

CUSTOMER NO: 7833946

FOREIGN FILINGS

NAME: M-9360 WILSHIRE ASSOCIATES LLC

XXXX QUALIFICATION (TYPE: LL) PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: ___CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight -- EXT# 52956

EXAMINER:

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

| ĮΛ | COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTE | ft 't 1 1 1 1 1 1 1 1 1 | ≀ A FORI | E İĞ N | | | | |
|------|---|--|------------|---------------|---|--|--|--|
| ĻŲ | MITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE | STATE OF FLORIDA: | | | | | | |
| ' i. | M-9360 Wilshire Associates LLC | | | | | | | |
| | (Name of Foreign Limited Liability Company; must includ | e. "Limited Liability Company," "L.L.C.," or "LLC.") | | | | | | |
| | | the state of the s | | | | | | |
| | name unavailable, enter alternate name adopted for the purpose | | | tten | | | | |
| | nsent of the managers or managing members adopting the atternation," "L.L.C," "LLC.") | hate name. The alternate name must include "Limited I | Siability | | | | | |
| • | - B.G. 10c. (本) 10c. (本) 10c. (五) | 40 okoroor | | | | | | |
| 2. | | 46-2185605 | | | | | | |
| | (Jurisdiction under the law of which foreign limited liability company is organized) | (FEI number, if applicable) | | | | | | |
| | 2/28/13 | perpetual | | | | | | |
| 4. | (Date of Organization) 5. | (Duration: Year limited liability company will cease | se to | | | | | |
| | , , , , , , , , , , , , , , , , , , , | exist or "perpetual") | | | | | | |
| 6. | 2/28/13 | | | | | | | |
| Ų. | (Date first transacted business in Florida, if prior to registration.) (See sections 608:501 & 608.502 F.S. to determine penalty liability) | | | | | | | |
| Ż. | 1691 Michigan Avenue, Suite 215 | | 700 | 2013 | | | | |
| | Miami Beach, FL 33139 | 4 | 三 篇 | 30 % | - | | | |
| | (Street Address o | f Principal Office) | 77.22 | (| | | | |
| 8. | If limited liability company is a manager-managed c | ompany, check here | SE SE | ώ | ļ | | | |

9. The name and usual business addresses of the managing members or managers are as follows:

MC Manager LLC

1691 Michigan Avenue, Suite 215

Miami Beach, FL 33139

10. Attached is an original 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. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)

11. Nature of business or purposes to be conducted or promoted in Florida: Engage in any business activity for which a limited liability company may be organized in Delaware

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)

Camilo Miguel, Jr., Authorized Representative

Typed or printed name of signee

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

| 1. The name of the Limited Liability Company is: M-9360 Wilshire Associates LLC | |
|--|---------|
| If unavailable, the alternate to be used in the state of Florida is: | |
| 2. The name and the Florida street address of the registered agent and office are: | 1+ |
| Corporation Service Company | |
| (Name) | - ALCH |
| 1201 Hays Street | |
| Florida Street Address (P.O. Box NOT ACCEPTABLE) | SEE SEE |
| Tallahassee _{FL} 32301 | F STAT |
| City/State/Zip | |

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 certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.

Sue G. Knight Ássistánt Vice President

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

Delaware

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "M-9360 WILSHIRE ASSOCIATES 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 FIRST DAY OF OCTOBER, A.D. 2013.

5295699 8300

131147433

AUTHENTY CATION: 0781053

DATE: 10-01-13

You may verify this certificate online at corp. delaware.gov/authver.shtml