#### Florida Department of State Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number : (850) 617-6383

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Account Name : C T CORPORATION SYSTEM

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### Foreign Limited Liability Company Mutual of America Capital Management LLC

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#### COVER LETTER

TÓ:	Registration Section Division of Corporations	
SUBJE	CT: Mutual of America Capital Management LLC	
	Name of Limited Liability Company	
The eng Existen	closed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificat co, and check are submitted to register the above referenced foreign limited liability company to transact business in Flor	id
Please	naturn all correspondence concerning this matter to the following:	
	Name of Penson	
	· .	
	Pirm/Company	
	Address	
	City/State and Zip Code	
	smy,latkin@mutualofamerica.com	
For fur	her information concerning this matter, please call:	
	Name of Contact Person Area Code Daytime Talephane Number	
	Mittie of Commits seriori Vide Code Distritue renebitatie unitabet	
	MAILING ADDRESS: STREET ADDRESS: Division of Corporations Division of Corporations	
	Division of Corporations  Registration Section  Division of Corporations  Registration Section	
	P.O. Box 6327 Clifton Building	
	Taliahasace, FL 32314 2661 Executive Center Circle Taliahasace, FL 32301	
Enclos	ed is a check for the following amount:	
	\$125.00 Filing Fee \$\Bigcup \\$130.00 Filing Fee & \$\Bigcup \\$155.00 Filing Fee & \$\Bigcup \\$160.00 Filing Fee, Certificate of Status & Certified Copy of Status & Certified Copy	

FLOST - 81/16/2014 Wolters Klaver On Co.

(distante)

## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), 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:

If unavailable, the alternate to be used in the state of Florida is:

Mutual of America Capital Management LLC

	C T Corporation System	·	É
		(Name)	
	1200 South Pine Island Road		بر چ
	Florida Street Add	ress (P.O. Box NOT ACCEPTABL	<u>r)</u>
	Plantation .	` <u>rj</u> _ 33324	
	· · · · · · · · · · · · · · · · · · ·	City/State/Zip	<del></del>
liability com registered a statutes rela	pany at the place designated in the gent and agree to act in this capa ting to the proper and complete p	his certificate, I hereby acce wity. I further agree to com performance of my dutles, as	ply with the provisions of ali nd I am familiar with and
liability com registered a statutes rela accept the o	pany at the place designated in t gent and agree to act in this capa	his certificate, I hereby acce wity. I further agree to com performance of my dutles, as	pt the appointment as ply with the provisions of al ad I am familiar with and in Chapter 605, Florida
liability com registered a statutes rela accept the o	pany at the place designated in ti gent and agree to act in this capa ting to the proper and complete p bligations of my position as regis CT Corporation System	his certificate, I hereby acce wity. I further agree to com performance of my dutles, as	pt the appointment as ply with the provisions of al ad I am familiar with and in Chapter 605, Flortda JoAn Tolosa
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liability com registered a statutes rela	pany at the place designated in tigent and agree to act in this capa sting to the proper and complete p bligations of my position as regis CT Corporation System By:  (Signa	his certificate, I hereby accessity. I further agree to comperformance of my duties, and tered agent as provided for	pt the appointment as ply with the provisions of ali nd I am familiar with and in Chapter 605, Florida  JoAn Tolosa  Assistant Secretary  On ad Agent

## 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 COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

Mutual of America Capital Management LLC   (Name of Poreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "LLC.")	<del></del>	
(If same unavailable, once elemnic name adopted for the purpose of transacting business in Florida. The attenue name must idehility Company." "LLC," or "LLC.")	Include "Limited	
Delaware  Unrisdiction moder the law of which foreign illmited liability  (FBI number, if spoilizable)	<del></del>	
company is organized)		
(Date first transacted business in Florida, If prior to registration.)  (See sections 605.0904 & 605.0905, P.S. to determine penalty liability)		
5. 320 Park Avenue		
New York, NY 10022		
(Street Address of Principal Office) 5 320 Park Avenue	SEC	12
New York, NY 10022	3.	
(Malling Address)	150.50	1 144.72
7. The name, title or capacity and address of the person(s) who has/have authority to manage is	- Andread	
Soott H. Rothstein	ည်း မှ	
Bxeoutive Vice President, Daputy General Counsel and Corporate Secretary	3 DA	and the same of
320 Park Avenue, New York, NY 10022		
8. Attached is an original certificate of existence, no more than 90 days old, duly authenticated having custody of records in the jurisdiction under the law of which it is organized. (A photocol acceptable. If the certificate is in a foreign language, a translation of the certificate under oath or must be submitted)	py is not	
Signalure of an authorized person (In accordance with section 605,020), F.S., the plenting of this document constitutes an affirmation under the passities of perjury that the seam aware that any false information submitted in a document to the Department of State constitutes a third degree follows as provided for in a little degree follows as the degree follows as provided for in a little degree follows as provided for in a little degree follows as the degree follows as provided for in a little degree follows as a finite degree follows.	cts stated licrain an 817.155, P.S.)	ម (ក្រវុក្ស
Scott H. Rothstein, HVP, Deputy General Counsel & Corporate Secretary		

Typed or printed name of signee

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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 "MUTUAL OF AMERICA CAPITAL

MANAGEMENT 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 SEVENTH DAY OF

MAY, A.D. 2014.

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

14 MAY -7 PM 3:31
SEUNE DANT UT STATE
TALLAHASSEE, FLORIDA

2321315 8300

140580228

You may verify this certificate online at gorn, delaware, one/authyer, shtml

Jeffrey W. Bullack, Secretary of State

OTHENTY CATION: 1351919

DATE: 05-07-14