M16000005198

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP	☐ WAIT	MAIL				
(Bu	isiness Entity Nan	ne)				
(Document Number)						
Certified Copies	_ Certificates	of Status				
Special Instructions to Filing Officer:						

Office Use Only



100286685301

06/14/16--01056--029 **130.00

16 JUN 28 AM ID: 35

J. HARRIE

COVER LETTER

TO:

Registration Section

Div	ision of Corporation	18					
SUBJECT:	MCI OPCO, LLC						
SCHOLET		Name of Limited Liability Company					
					ansact Business in Florida," Certificate of y company to transact business in Florida		
Please return	all correspondence of	concerning this matter to the	following:				
	Margaret T. Lu	nd					
	Name of Person						
	Stafford Rosenbaum LLP						
	Firm/Company						
	1200 N. Mayfair Road, Suite 430						
	Address						
	Milwaukee, Wi	1 53226					
		City/S	tate and Zip Code				
	mtlund@stafford						
		E-mail address: (to be used	d for future annual i	report not	ification)		
For further in	nformation concernin	g this matter, please call:					
Ma	rgaret T. Lund		414 at (982-28			
	Name o	f Contact Person	at (Area Code	Day	rtime Telephone Number		
Div Reg P.O	ision of Corporations sistration Section Box 6327 lahassee, FL 32314			Division Registrati Clifton B 2661 Exe	of Corporations ion Section uilding ceutive Center Circle see, FL 32301		
	check for the follow 125.00 Filing Fee	ing amount: ■ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filing Certified Copy	g Fee &	☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy		



FLORIDA DEPARTMENT OF STATE Division of Corporations

June 17, 2016

MARGARET T LUND STAFFORD ROSENBAUM LLP 1200 N MAYFAIR ROAD, SUITE 430 MILWUKEE, WI 53226

SUBJECT: MCI OPCO, LLC Ref. Number: W16000043847 2016 JUN 28 PM 3: 58

We have received your document for MCI OPCO, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), AuthorizedPerson (AP), or Authorized Representative (AR).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris Regulatory Specialist II

Letter Number: 016A00012828

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 RUSINESS. IN THE STATE OF FLORIDA:

COMPANY TO TRANSACT BU	ISINESS INTHE STATE OF FLORIDA:				
L. MCI OPCO, LLC					
(Name of Fore	ign Limited Liability Company; must include "Li	mited Liability Company," "L.L.C.," or "	LLC.")		
/If name unavailable, enter of	ternate name adopted for the purpose of transacting			(of the te-	
Liability Company," "L.L.C,"	or "LLC.")	g business in Florida. The anemate name	; must include	Limite	u
2. Dclaware		663877			
(Jurisdiction under the law company is organized)	of which foreign limited liability	(FEI number, if applicable)		_	
4	(Date first transacted business in Florida,	I array to registration			
	(See sections 605.0904 & 605.0905, F.S. to	determine penalty liability)			
5. 1801 N. Military Trail, Suite 200					
Boca Raton, Florida 33431					, *
40043334433	(Street Address of Principal Office	ee)	5	2016 JUK	
6. 1801 N. Military Trail, Suite 200				28	
Boca Raton, Florida 33431					
	(Mailing Address)		ا ایسو افراندی	PH	
7. Name and street address	s of Florida registered agent: (P.O. Box NO	T_acceptable)	13 M	မှ	l.
Name:	Andrew Sherman		(20)	œ	,
Office Address:	1801 N. Military Trail, Suite 200				
	Boca Raton	, Florida			
Registered agent's accept	(City)	(Zip code)			
Having been named as req designated in this applicat to complywith the provision	gistered agent and to accept service of proce lon, I hereby accept the appointment as reg ons of all statutes felative to the proper and on my position as efficiental agent.	istered agent and agree to act in this	capacity. I	further miliar w	agree
	(Registered agent's s	ignature)	ģ. 1		
8. The name, title or capa	city and address of the person(s) who has/hav	e authority to manage is/are:		1) 30	eranica.
Dr. Robert Goldman, 1801	N. Military Trail, Suite 200, Boca Raton, Fl	L 33431.MGR	(F)	J. 14	· Program
Dr. Ronald Klatz, 1801 N.	Military Trail, Suite 200, Boca Raton, FL 33	3431. MGR		====	grang.
Andrew Sherman, 1801 N	Military Trail, Suite 200, Boca Raton, FL 3	3431. MGR		ည္ဆ	AND M.
9. Attached is a certificate	V. Patrick Blvd., Suite 180, Brookfield WI: of existence, no more than 90 days oly, duly of which it is organized. (1) the certificate is in bmitted) Signature of an authoric	authenticated by the official having c n a foreign language, a translation of	astody of receithe certificate	ords in t	the oath
This document is executed submitted in a document to	in accordance with section 605.0203 (1) (b), the Department of State constitutes a third de	Florida Statutes, I am aware that any	false informa	tion	
monnion in a document to	Andrew Sherman MGR	gree felony as provided for ill \$.817.	ວວ, ກ ີເວີເ		

Typed or printed name of signee

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "MCI OPCO, 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 THIRTY-FIRST DAY OF MAY, A.D. 2016.

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

TAYS OF THE PARTY OF THE PARTY

Authentication: 202403724

Date: 05-31-16

4635205 8300

SR# 20164044582