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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

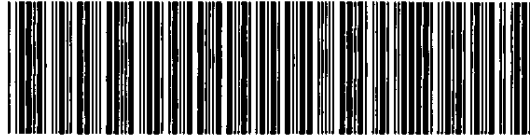
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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J. HARRIS  
JUN 29 2016





FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 17, 2016

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

SUBJECT: MCI OPCO, LLC  
Ref. Number: W16000043847

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
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), Authorized Person (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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
16 JUN 28 AM 10: 36  
FILED

**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:

1. MCI OPCO, LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Delaware 3. 45-4663877  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

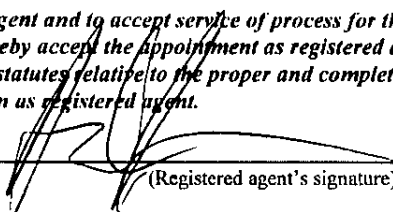
4. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 1801 N. Military Trail, Suite 200  
Boca Raton, Florida 33431  
(Street Address of Principal Office)

6. 1801 N. Military Trail, Suite 200  
Boca Raton, Florida 33431  
(Mailing Address)

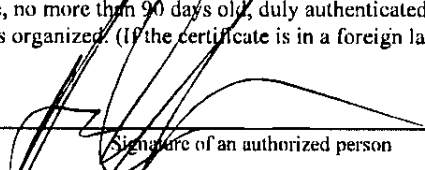
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  
Name: Andrew Sherman  
Office Address: 1801 N. Military Trail, Suite 200  
Boca Raton, Florida 33431  
(City) (Zip code)

**Registered agent's acceptance:**  
*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 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)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:  
Dr. Robert Goldman, 1801 N. Military Trail, Suite 200, Boca Raton, FL 33431. MGR  
Dr. Ronald Klatz, 1801 N. Military Trail, Suite 200, Boca Raton, FL 33431. MGR  
Andrew Sherman, 1801 N. Military Trail, Suite 200, Boca Raton, FL 33431. MGR  
Stephen Krogulski, 175 N. Patrick Blvd., Suite 180, Brookfield, WI 53045 MGR

9. Attached is a 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. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

  
\_\_\_\_\_  
(Signature of an authorized person)

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.  
Andrew Sherman MGR  
\_\_\_\_\_  
Typed or printed name of signee

2016 JUN 28 PM 3:58  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
10 JUN 28 AM 10:36  
FILED

# Delaware

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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.



4635205 8300

SR# 20164044582

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 202403724

Date: 05-31-16