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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : NASON, YEAGER, GERSON, WHITE & LIOCE, P
Account Number : 073222003555
Phone : (561) 686-3307
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12 FEB 14 AM 8:05
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TALLAHASSEE, FLORIDA

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: bmann@nasonyeager.com

**FLORIDA/FOREIGN LP/LLLP
MFCM, L.P.**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$1,000.00

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Feb. 14. 2012 3:31PM

NYGW & L, P.A.

No. 8444 P. 2

APPLICATION BY FOREIGN LIMITED PARTNERSHIP OR
LIMITED LIABILITY LIMITED PARTNERSHIP
TO TRANSACT BUSINESS IN FLORIDA

FILED
12 FEB 14 AM 8:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. MFCM, L.P.

(Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix)
Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd.
Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P. or LLLP.

If name unavailable, name under which the limited partnership or limited liability limited partnership proposes to register to transact business in Florida; must contain acceptable suffix.

2. Nevada

State or Country of Formation

3. March 14, 2007

Date of Formation

4. Federal Employer Identification Number: n/a

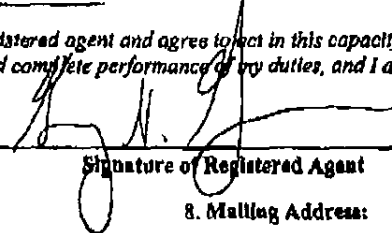
5. Name of Registered Agent for Service of Process and Florida Street Address:

Gary N. Gerson

1845 Palm Beach Lakes Blvd., Suite 1200

West Palm Beach, FL 33401

6. 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.


Signature of Registered Agent

7. Principal Office:

324 Royal Palm Way, Suite 100

Palm Beach, FL 33480

8. Mailing Address:

324 Royal Palm Way, Suite 100

Palm Beach, FL 33480

9. If limited partnership is a limited liability limited partnership, check box.

10. Name, principal office address, and mailing address of each general partner:

Name of General Partner: MFCMGP LLC

Name of General Partner: _____

Street Address: 324 Royal Palm Way, Suite 100

Street Address: _____

Palm Beach, FL 33480

Mailing Address: _____

Mailing Address: _____

Name of General Partner: _____

Name of General Partner: _____

Street Address: _____

Street Address: _____

Mailing Address: _____

Mailing Address: _____

Page 1 of 2

Name of General Partner: _____ Name of General Partner: _____

Street Address: _____ Street Address: _____

Mailing Address: _____ Mailing Address: _____

11. Effective date, if other than the date of filing: _____
(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

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

Signed this 14 day of FEB, 20 12

MFCRGP LLC
[Signature]
 Signature of general partner

The individual signing this document affirm that the facts stated herein are true and the individual 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.

Filing Fee:	\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)
Certified Copy (optional):	\$32.50
Certificate of Status (optional):	\$8.75

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SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, ROSS MILLER, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, MFCM, L.P., as a limited partnership duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since March 14, 2007, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on February 14, 2012.



[Signature]
ROSS MILLER
Secretary of State

Electronic Certificate
Certificate Number: C20120214-0526
You may verify this electronic certificate
online at <http://www.nvssos.gov/>