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Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H120000399063)))



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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : NASON, YEAGER, GERSON, WHITE & LIOCE, P.A.

Administrative representation of the contract of the contract

Account Number : 073222003555
Phone : (561)686-3307
Fax Number : (561)471-0894

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

* Bridget Man Direct 561471-3514

14th

FLORIDA/FOREIGN LP/LLLP

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February 16, 2012

FLORIDA DEPARTMENT OF STATE

NASON, YEAGER, GERSON, WHITE & LICE, P.A.

SUBJECT: MFIT, L.P. REF: W12000008931

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

You failed to make the correction(s) requested in our previous letter.

You must submit a copy of the written consent of the managers or managing members adopting the alternate name for Florida. For your convenience, we are enclosing a fill-in-the-blank form for you to complete and return to our office for processing.

Please provide the document number of the general partners, MFIT LLC

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.

Barbara Bostick Regulatory Specialist II FAX Aud. #: H12000039906 Letter Number: 412A00007237

850-245-6028

FILED

12 FEB 14 PM 2: 55

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

SECRETARY OF STATE TABLAHASSEE, FLORIDA

L MFIT, L.P.	i naun(indous), i somo,
(Name of Limited Partnership or Limited Liability Acceptable Limited Partnership suffixes: Limited Partnership, Acceptable Limited Liability Limited Partnership suffixes: Limited	Limited, L.P., LP, or Ltd.
MFIT Nevada, L.P.	·
	o or limited liability limited partnership proposes to register to transact oust contain acceptable suffix.
_{2.} Nevada	3. March 14, 2007
State or Country of Pormation	Date of Formation
4. Rederal Employer Identification Number: n/a	
5. Name of Registered Agent for Service of Process and Flor	rida Street Address:
Gary N. Gerson	
1645 Palm Beach Lakes Blvd., Suite 1200	
West Palm Beach, FL 33401	
of all statutes relative to the proper and complete performan my position as registered agent. Signature of 7. Principal Office:	ree in act in this capacity. I further agree to comply with the provisions accept the obligations of the duties, and I am familiar with and accept the obligations of the Registered Agent 8. Mailing Address: 324 Royal Palm Way, Suite 100
Palm Beach, FL 33480	Palm Beach, FL 33480
9. If limited partnership is a limited liability limited partner 10. Name, principal office address, and mailing address of a Name of General Partner: MFLTGP, LLC FL Doc# Street Address: 324 Royal Palm Way, Suite 1 Palm Beach, FL 33480	LO7000027510 Name of General Partner:
Mailing Address:	Mailing Address:
Name of General Partner:	Name of General Partner:
Street Address:	Street Address:
Mailing Address:	Mailing Address:

Name of General Partner	Page 1 of 3 Name of General	Partner,	
Street Address:	Street Address:		
Mailing Address:	Mailing Address:		
il. Effective date, if other than the date of (Effective date cannot be prior to nor more	of filing: than 90 days after the date this document is	filed by the Florida Department of State.)	
		to the delivery of this application to the f the entity's records in the jurisdiction under	
and one	Signature on a lens of 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 follows as provided for in s.817.155, F.S.			
Filing Fees: Certified Copy (optional Certificate of Status (opt): \$52.50	be and \$35 Registered Agent Fee)	

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SECRETARY OF STATE
SECRETARY OF STATE
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, MFIT, 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.

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

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

ROSS MILLER Secretary of State