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FOREIGN PROFIT/NONPROFIT CORPORATION MDM GP Management, Inc.

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APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

Delaward (State or country 04/02/20)		ss in Florida)
(State or country		_{3.} 46-2445853	
いな/いつ/つい	under the law of which it is incorporated)	(FEI number, if applicable)	
UTIUZIZU	13	_{5.} perpetual	
(Date	of incorporation)	(Duration: Year corp. will ccase to exist or	"perpetual")
·			
		ness in Florida, if prior to registration) 67.1502, F.S., to determine penalty liability)	
501 Brick	ell Key Drive, Suite 200	, Miami, FL 33131	
	(Principal office	e address)	· · · · · · · · · · · · · · · · · · ·
501 Bricke	ell Key Drive, Suite 200,	Miami, FL 33131	
	pany will conduct its bu) of corporation authorized in home state	or country to be carried out in state of Florida)	<u> </u>
Name and street	t address of Florida registered agent:	(P.O. Box NOT acceptable)	
. Name and <u>stree</u> Name:	et address of Florida registered agent: United States Registered Agei	,	APR 10
•		nts, Inc.	HASSES. F
Name:	United States Registered Age	nts, Inc.	HAGE!

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction

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Apr-10-2013 02:40 PM J L Hofmann & Associates, PA 3056660028

under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: Address: Vice Chairman; Address: Director: Address: B. OFFICERS President: Manuel D. Medina Address: 501 Brickell Key Drive, Suite 200 Miami, FL 33131 Vice President: Address: Secretary: Address: ___ Treasurer: ___ Address: ___ NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. Signature of Director or Officer The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein

are true and that he or she 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.

14. Manuel D. Medina, President

(Typed or printed name and capacity of person signing application)

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Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MDM GP MANAGEMENT, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FIFTH DAY OF APRIL, A.D. 2013.

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You may verify this certificate online at corp. delaware, gov/authver.ahtml

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AUTHENTY CATION: 0338623

DATE: 04-05-13