

FL30000004890

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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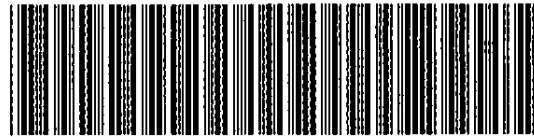
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE FLORIDA
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CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 876019 4302312

AUTHORIZATION :

COST LIMIT : \$ 70.00

ORDER DATE : November 6, 2013

ORDER TIME : 9:38 AM

ORDER NO. : 876019-010

CUSTOMER NO: 4302312

FOREIGN FILINGS

NAME: MACWCP IV CORP.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight -- EXT# 52956

EXAMINER: _____

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TALLAHASSEE FLORIDA

**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.*

1. MACWCP IV Corp.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Delaware

(State or country under the law of which it is incorporated)

3. 46-3997764

(FEI number, if applicable)

4. May 9, 2013

(Date of incorporation)

5. Perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. n/a

(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. c/o Monarch Alternative Capital LP, 535 Madison Avenue, New York, NY 10022

(Principal office address)

c/o Monarch Alternative Capital LP, 535 Madison Avenue, New York, NY 10022

(Current mailing address)

8. Real Estate related business

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee

(City)

, Florida 32301

(Zip code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation 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.

Corporation Service Company

By: Sue G. Knight

(Registered agent's signature)

Sue G. Knight
Assistant Vice President

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TALLAHASSEE, FLORIDA

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 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: T.J. Vigliotta

Address: c/o Monarch Alternative Capital LP, 535 Madison Avenue, New York, NY 10022

Director: _____

Address: _____

B. OFFICERS

President: T.J. Vigliotta

Address: c/o Monarch Alternative Capital LP, 535 Madison Avenue, New York, NY 10022

Vice President: Michael Weinstock & Marc Porosoff

Address: c/o Monarch Alternative Capital LP, 535 Madison Avenue, New York, NY 10022

Secretary: Howard Fife

Address: c/o Monarch Alternative Capital LP, 535 Madison Avenue, New York, NY 10022

Treasurer: Howard Fife

Address: c/o Monarch Alternative Capital LP, 535 Madison Avenue, New York, NY 10022

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13.  _____
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. TJ Vigliotta, President
(Typed or printed name and capacity of person signing application)

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TALLAHASSEE FLORIDA

Delaware

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MACWCP IV CORP." 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 SIXTH DAY OF NOVEMBER, A.D. 2013.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MACWCP IV CORP." WAS INCORPORATED ON THE NINTH DAY OF MAY, A.D. 2013.

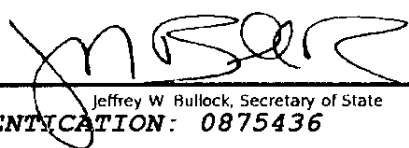
AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

5332164 8300

131281053




Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 0875436

DATE: 11-06-13