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| Special Instructions to F | iling Officer: | |
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Office Use Only



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SUFFICIAL SECURIOR

VERY OF SAME

13 DEC 26 AH 8: 12
SECRETARY OF STATE
ALLAHASSEE FLORIDA

W13-69995



ACCOUNT NO. : I2000000195

REFERENCE : 940435 4370848

AUTHORIZATION :

COST LIMIT

ORDER DATE: December 26, 2013

ORDER TIME : 8:30 AM

ORDER NO. : 940435-005

CUSTOMER NO: 4370848

FOREIGN FILINGS

NAME: M MANAGEMENT, INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_ CERTIFIED COPY XX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Carina L. Dunlap -- EXT# 52951

EXAMINER:

COVER LETTER

| TO: New Filing Section Division of Corporations |
|--|
| SUBJECT: M MANAGEMENT, INC. |
| Name of corporation - must include suffix |
| Dear Sir or Madam: |
| The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida. |
| Please return all correspondence concerning this matter to the following: FRAN MULNICK PARKER |
| Name of Person |
| The Law Offices of Fran Mulnick Parker, P.C |
| Firm/Company |
| 888 NEWARK AVE |
| Address |
| JERSEY CITY, NJ 07306 |
| City/State and Zip code |
| kristina@fmparkerlaw.com |
| E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| FRAN MULNICK PARKER at (212) 647-7392 |
| Name of Person Area Code & Daytime Telephone Number |
| |
| STREET/COURIER ADDRESS: MAILING ADDRESS: New Filing Section New Filing Section |
| Division of Corporations Division of Corporations |
| Clifton Building P.O. Box 6327 |
| 2661 Executive Center Circle Tallahassee, FL 32314 Tallahassee, FL 32301 |
| |
| Enclosed is a check for the following amount: |
| \$70.00 Filing Fee \$\Bigcup \text{\$78.75 Filing Fee & Certificate of Status}\$\$ Certified Copy \$87.50 Filing Fee, Certified Copy \$87.50 Filing Fee, Certified Copy |



FLORIDA DEPARTMENT OF STATE Division of Corporations

December 27, 2013

CORPORATION SERVICE COMPANY

RESUBMIT

Please give original submission date as file date.

SUBJECT: M MANAGEMENT, INC. Ref. Number: W13000069995

We have received your document for M MANAGEMENT, INC. and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company, "Corporation," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp." Please enter the alternate corporate name in the space provided in number one of the application.

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) 245-6052.

Jessica A Fason Regulatory Specialist II

Letter Number: 313A00029129

DESCRIPTION OF STATE

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.

| | corporation; must include "INCORPORAT Corp." "Inc." "Co," or "Corp.") | ED, | "COMPANY," "CORPORATION," | | | |
|---|---|---------------|--|-----------------|---------------|--|
| | GEMENT OF MIAMI, INC. | | | ******* | | |
| (If name unavail | able in Florida, enter alternate corporate na | ame | adopted for the purpose of transacting busin | ess in Florida |) | |
| 2. NEW JERSE | under the law of which it is incorporated) | _ 3. | 22-3641563 | | _ | |
| (State or country | under the law of which it is incorporated) | | (FEI number, if applicable) | | | |
| 4. <u>1/19/1999</u> | | 5. | PERPETUAL | | | |
| (Date | of incorporation) | - | (Duration: Year corp. will cease to exist or "perpetual") | | | |
| 6. UPON FILING | , | | | | | |
| | | | Florida, if prior to registration) 02, F.S., to determine penalty liability) | | - | |
| 318 NW 23RD | ST, MIAMI, FL 33127 | | | | | |
| /· | (Principal office | addı | ess) | | _ | |
| 215 COLES ST | , JERSEY CITY, NJ 07310 | | | | | |
| | (Current mailing | addr | ess) | | | |
| TO MANAGE | AND OPERATE VARIOUS REAL ESTA | ATE | · | T | | |
| (Purpose(s | AND OPERATE VARIOUS REAL ESTA c) of corporation authorized in home state o | or co | untry to be carried out in state of Florida) | | . ⊃ | |
| Name and stree | et address of Florida registered agent: (| æ c | Box NOT acceptable) | CAE | | |
| . I tame and <u>supe</u> | Corporation Service Company | (1.0 | . Dox 1401 acceptable) | ASS C | 3 | |
| Name: | Corporation Service Company | | <u></u> | | - 17. | |
| Office Address: | 1201 Hays Street | | | | 7 | |
| | Tallahassee | | , Florida 32301 | STATE LORIDA | | |
| | (City) | | (Zip code) | 14 | | |
| Having been nam designated in this urther agree to co duties, and I am f | application, I hereby accept the appoi | intm es re | ce of process for the above stated corpored as registered agent and agree to a colative to the proper and complete performy position as registered agent. Carina L. Dunlap Asst. Viva President | ct in this cap | acity. 1 | |
| | (Registered agent | s sig | mature) | | | |
| | / | | · · · · · · · · · · · · · · · · · · · | | | |

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. Nar | nes and business addresses of officers and/or directors: | | | |
|-------------|--|--------------|-----------------|--------------|
| A. DIR | ECTORS | | | |
| Chairmar | 1: | | | |
| Address: | | | | |
| | | | | |
| Vice Cha | | | | |
| • | irman: | | | |
| Address: | | | | |
| | | | | |
| Director: | | | | |
| Address: | | | | |
| | | | | |
| Director; | | | | |
| • | | | | |
| | | | | |
| B. OFF | | | | |
| President: | MOISHE MANA | | | |
| | 46700 PENTERA DO | | | |
| Address. | DEL RAY BEACH, FL 33484 | | | |
| Vian beed | 4-4. | | | |
| | dent: | TAE: | ಹ | |
| Address: | | <u> </u> | 330 | |
| | | <u> </u> | _ ∑ | · |
| Secretary: | | -ئەرىكى | = | { |
| Address: . | | _ <u></u> | - - | 3 |
| Treasurer: | | | <u>.</u> | |
| Address: | | | | |
| NOTE: 1 | If necessary, you may attach an addendum to the application listing additional officers and | d/or directo | ors. | |
| 13 | | | | |
| | Signature of Director or Officer | | | |
| are true ai | er or director signing this document (and who is listed in number 12 above) affirms that the or she is aware that false information submitted in a document to the Departme gree felony as provided for in s.817.155, F.S. | | | |
| | SHE MANA - PRESIDENT - 12/24/13 | | | |
| | (Typed or printed name and capacity of person signing application) | | | |

STATE OF NEW JERSEY DEPARTMENT OF THE TREASURY DIVISION OF REVENUE AND ENTERPRISE SERVICES SHORT FORM STANDING

M MANAGEMENT, INC.

0100769183

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Profit Corporation was registered by this office on January 19, 1999.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and registered office are:

Fran Mulnick Parker Esq 215 Coles St. Jersey City, NJ 07310 0000

Certification# 130629188

Verify this certificate at https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 24th day of December, 2013

Andrew P Sidamon-Eristof State Treasurer