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(((H19000090671 3)))



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Division of Corporations

Fax Number : (850) 617-6383

From:

: STEARNS WEAVER MILLER WEISSLER ALHADEFF & SITTERSON Account Name

Account Number : 120060000135 : (305)789-3200 Phone : (305)789-4137 Fax Number

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

FOREIGN PROFIT/NONPROFIT CORPORATION MWC RETAIL MANAGER (H), INC.

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March 19, 2019

FLORIDA DEPARTMENT OF STATE

STEARNS WEAVER MILLER WEISSLER ALHADEPF & SITTERSON

SUBJECT: MWC RETAIL MANAGER (H), INC.

REF: W19000026596

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.

The name and title of the person signing the document must be noted beneath or opposite the signature.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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Dionne M Scott Regulatory Specialist II FAX Aud. #: H19000090671 Letter Number: 719A00005404

Please see attached corrected document. Please honor original date of submission for the effective file date.

P.O BOX 6327 - Tallahassee, Florida 32314

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 POREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

Enter name of inc.," "Co.," "	corporation; must include "INCORPOR. Corp," "Inc," "Co," or "Corp.")	ATED," "COMPANY," "CORPORATION	V,"
If name unavai	lable in Florida, enter alternate corporate	name adopted for the purpose of transacting	g business in Florida)
DELAWARE	•	N/A	· ,
(State or count	ry under the law of which it is incorporat 18	red) (FEI number, if ap PERPETUAL 5.	plicable)
(Dat	e of incorporation)	(Date of duration, if other	than perpetual)
DATE OF FIL	ING APPLICATION WITH FLORIDA	DEPARTMENT OF STATE	
NE TOWN CE	(SEE SECTIONS 607.1501 & ENTER ROAD, SUITE 600, BOCA RAT	inces in Plorida, if prior to registration) 607.1502, F.S., to determine penalty liabili FON, FL 33486	ty)
	(Principal office address)	
NE TOWN CI	ENTER ROAD, SUITE 600, BOCA RA	TON, FL 33486	TAIL SE
	(Ситеп	t mailing address, if different)	五
ame and <u>stre</u> Name:	et Address of Plorida registered agent Mismi WorldCenter Associates, LLC	- · ·	THE SEE FLO
te Address:	100 S.E. 2nd Street, Suite 3510	·	G. S.
	Mismi	33131, Plorida	2
	(City)	(Zip code)	
ing been nam mated in this ter agree to c	application, I hereby accept the ap- omply with the provisions of all star	t service of process for the above states pointment as registered agent and agre tates relative to the proper and comple ions of my position as registered agent	te to act in this capacity to performance of my

10. 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.

F	FILED
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SECRE;	AH 10: 55
"LLAHAS	Crash Street

11. Names and business addresses of officers and/or directors:

	RECTORS	ALLAHASSEE, FLORIL
Chairma		- 0/4/[
Address	z;	
Vice Cha	sairman:	<u> </u>
Address:	· · · · · · · · · · · · · · · · · · ·	
	Arthur J. Falcone	
Director:	One Town Center Road Sulta 600	
Address:	Boca Raton, FL 33486	
Director:	Nitin Motwani	
Address;	100 S.R. 2nd Street Suite 3510	
	Miami, FL 33131	
B. OFF	PICERS Arthur J. Palcone	
ddress:	One Town Center Road Suite 600	<u> </u>
,	Boca Raton, FL 33486	· · · · · · · · · · · · · · · · · · ·
ice Presi	Nitin Motwani sident:	
	100 S.E. 2nd Street, Suite 3510	
	Miami, FL 33131	
oczetary:	Nitin Motwani	
ddress: _	100 S.E. 2nd Street, Suite 3510, Miami, FL 33131	
rcasurer:	Arthur J. Falcone	
.ddress: _	One Town Center Road, Suite 600, Boes Raton, FL 334\$6	
ЮТЕ: I 2	If necessary Jou may affect squaddendum to the application listing additional officers a	und/or directors.
ha office re true an	Signature of Director or Officer er or director signing this flocument (and who is listed in number 11 above) affirms that director she is aware that false information submitted in a document to the Department felony as provided for in \$.817.155, F.S.	the facts stated herein tent of State constitutes
	ITIN MOTWANI DIRECTOR	

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

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MWC RETAIL MANAGER (H), 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 TWELFTH DAY OF MARCH, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO REREBY FURTHER CERTIFY THAT THE SAID "MNC RETAIL MANAGER (H), INC." WAS INCORPORATED ON THE FIRST DAY OF MARCH, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

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

6777750 8300

SR# 20191906928

Authentication: 202421763

Date: 03-12-19