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Division of Corporations

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From:

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Account Number : 120160000017 Phone : (855)498-5500 Fax Number : (800)432-3622

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FOREIGN PROFIT/NONPROFIT CORPORATION MTDP18 CO.

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Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

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SUBJECT:	MTDP18 Co.						
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Dear Sir or M	fadam:						
"Certificate of	"Application by Foreign Corp of Existence," or "Cartificate of need foreign corporation to tra	f Good Sta	anding" a	nd ch <mark>eck are sub</mark>			**
Please return	all correspondence concernin	g this matt	er to the f	allowing:			
Marvin D. Na	then, Esq.						
·		Name o	f Person			····	 -
Nathan Somm	ers Jacobs						
		Plrm/Co	mpany				
2800 Post Oal	k Blvd., 61st Floor					•	
		Add	iress			_	919
Houston, Tex	as 77056					<u>:</u> _	9 A1
		City/State	and Zip o	ode			<u> </u>
nonathun@net	thansommers.com	·	•			- -	12
	E-mall address:	(to be used	for futu	e annual report n	otification)	.	
For further is	nformation concerning this ma	tter, please	call:			<u> </u>	2 AH II: 5
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Regi Divi Clift 2661	LEET/COURIER ADDRESS istration Section sion of Corporations ton Building I Executive Center Circle ahassee, FL 32301	4		MAILING A Registration S Division of Co P.O. Box 6327 Tallahnssee, F	ection orporations 7		
Enclosed is	a check for the following amo	ımı:					
C1 \$70.00 F	lling Fee \$78.75 Filing Certificate of			5 Filling Foc & Fied Copy	S87.50 F Certific Certific	ate of S	tatus &

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 MTDP18 Co. (Buter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp." "Inc," "Co," or "Corp.") (If name unavailable in Plorida, enter alternate corporate name adopted for the purpose of transacting business in Plorida) (State or country under the law of which it is incorporated) (FEI number, if applicable) (Date of incorporation) (Date of duration, if other than perpetual) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 1675 South State Street, Suite B, Dover, Delaware 19901 (Principal office address) 2800 Post Oak Blvd., 61st Floor, Houston, Texas 77056 (Current mailing address, if different) 8. Name and atrect address of Florida registered agent: (P.O. Box NOT acceptable) Dee Chopyak Name: 2400 E. Commercial Blvd., Suite 706 Office Address: Port Lauderdale (City) 9. 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. (Registered agent's signature)

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.

11. Name	es and business addresses of officers and/or directors:			
A. DIRE	CTORS			
Chalrman;	Shraga Poled			
Address:	2800 Post Oak Blvd., 61st Floor			
-	Houston, Texas 77056			
Vice Chair	men:			
			-	
Director:	Straga Peled	·		
Address:	2800 Post Oak Blvd., 61st Floor			
	Housstan, Taxas 77056			
Director:				
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
R OFFI				
President:		·		
Address: _	2800 Post Oak Blvd., 61st Floor			
	Houston, Texas 77056	'	201	
Vice Presid	ient;		A	4 1
Address: _				in-and terms
_			-	- Period
Secretary:	Daus Peded	::	Ξ	احد.
•	2800 Post Oak Blvd., 61st Floor, Houston, Texas 77056		<u></u>	
Treasurer:		ŗ		
Address: _				
NOTE: I	f necessary, you may attach an addendam to the application listing additional officers ar	nd/or dire	ctors.	
12				
T	Sanature of Director or Officer			
are true as	er or director signing this document (and who is listed in number 11 above) affirms that and that he or she is aware that false information submitted in a document to the Department of the provided for in s.817.155, F.S.	he facts a ent of Sta	tated he te consti	rein Itutes
	A Peled/Director and President			
	(Typed or printed name and capacity of person signing application)			

Taylor Seay 8004323622

Delaware The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAMARE, DO HEREBY CERTIFY "MTDP18 CO." 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 AUGUST, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MTDP18 CO." WAS INCORPORATED ON THE SEVENTH DAY OF AUGUST, A.D. 2019.

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

7551449 8300
SR# 20196456300
You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 203389876

Date: 08-12-19