

F980000003293

Document Number Only

C T CORPORATION SYSTEM

660 East Jefferson Street

Requestor's Name

Tallahassee, Florida 32301

Address

(850) 222-1092

City

State

Zip

Phone

500002555505--8

-06/11/98--01004--025

***122.50 ***122.50

CORPORATION(S) NAME

MP Operating, Inc.

- ☒ Profit
☐ NonProfit
☐ Limited Liability Company
☒ Foreign
☐ Limited Partnership
☐ Reinstatement
☐ Limited Liability Partnership
☒ Certified Copy
☐ Call When Ready
☒ Walk In
☐ Mail Out
- ☐ Amendment
☐ Dissolution/Withdrawal
☐ Annual Report
☐ Fict. Filing
☐ Photo Copies
☐ Call if Problem
☐ Will Wait
- ☐ Merger
☐ Mark
☐ Other
☐ Change of R.A.
☐ UCC-1 UCC-3
☐ CUS
☐ After 4:30
☒ Pick-Up

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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6/11

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DIVISION OF CORPORATIONS

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Filed Stamp

Thanks, Melanie

JUN 10 1998

File 1st

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Document Examiner
Updater
Verifier
Acknowledgment
W.P. Verifier

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION 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. MP Operating, Inc.
(Name of corporation: must include the word "INCORPORATED", "COMPANY", "CORPORATION", or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
2. Delaware
(State or country under the law of which it is incorporated)
3. 52-2097152
(FEI number, if applicable)
4. 4/9/98
(Date of incorporation)
5. Perpetual
(Duration: Year corp. will cease to exist or "perpetual")
6. 4/17/98
(Date first transacted business in Florida. (See sections 607.1501, 607.1502, and 817.155, F.S.))
7. 8889 Pelican Bay Boulevard - Suite 501
Naples, Florida 34108
(Current mailing address)
8. Any business or activity permitted by Delaware General Corporation Law and Florida Law
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)
9. Name and street address of Florida registered agent:
Name: C T CORPORATION SYSTEM
Office Address: c/o C T Corporation System, 1200 South Pine Island Road
Plantation, Florida, 33324
(Zip Code)

10. Registered agent 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 obligation of my position as registered agent.

C T CORPORATION SYSTEM

Conni Bryan
(Registered agent's signature) (Officer)

Conni Bryan, Special Asst Secretary
(Type Name and Title of Officer)

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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 addresses of officers and/or directors:

A. DIRECTORS (Street address only - P.O. Box **NOT** acceptable)

Chairman: Robert N. Elkins

Address: 8889 Pelican Bay Boulevard - Suite 501

Naples, Florida 34108

Vice Chairman: John B. Poole

Address: 8889 Pelican Bay Boulevard - Suite 501

Naples, Florida 34108

Director: _____

Address: _____

Director: _____

Address: _____

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TALLAHASSEE FLORIDA

B. OFFICERS (Street address only - P.O. Box **NOT** acceptable)

President & CEO ~~XXXXXXXX~~ President: John B. Poole

Address: Same as above

Chief Financial ~~XXXXXXXXXX~~ Vice President: Douglas Listman
Officer; Secretary

Address: 8889 Pelican Bay Boulevard - Suite 501

Naples, Florida 34108

Vice President ~~XXXXXXXX~~ Secretary: Matthew F. Auman

Address: 8889 Pelican Bay Boulevard

Naples, Florida 34108

Vice President

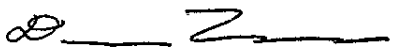
~~Treasurer~~ Robert J. Stobo

Address: 8889 Pelican Bay Boulevard - Suite 501

Naples, Florida 34108

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

13.


(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14.

Douglas Hietman, CFO & Secretary
(Typed or printed name and capacity of person signing application)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

State of Delaware
Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MP OPERATING, 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 JUNE, A.D. 1998.

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



A handwritten signature in cursive script, reading "Edward J. Freel".

Edward J. Freel, Secretary of State

2882365 8300

981216507

AUTHENTICATION:

9121681

DATE:

06-05-98