### Florida Department of State

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Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name

: GREENBERG TRAURIG (ORLANDO)

Account Number: 103731001374

Phone

: (407) 418-2435

Fax Number

(407) 420-5909

LIMITED LIABILITY CO.

MFM Manager LLC

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10/11/2007

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA

1. MFM Manager LLC		
(Name of foreign lim	ted liability company)	
2. Delaware	3. Applied For	
(Jurisdiction under the law of which foreign limited liability company is organized)	(FEI number, if applicable)	
4. October 5, 2007	5. Perpetual	
(Date of Organization)	(Duration: Year limited liability compar to exist or "perpetual")	ry will cease
6. Upon Acceptance		
(Date first transacted business in Florida (See	sections 608.501, 608.502, and 817.155, F	S)
7 c/o Eola Capital LLC. One Independent Drive. 9	Suite 1850	,, <u></u>
Jacksonville, Florida 32202		
(Street address of	[principle office]	_
8. If limited liability company is a manger-managed cos	mpany, check here 🛛	07 OCT   SECRETA TALLAHAS
9 The name and usual business addresses of the managemAIT Holdings LLC	ing members or managers are as follows:	HASS
c/o Eola Capital LLC		<del></del>
One Independent Drive. Suite 1850		77 <b>75</b>
Jacksonville, Plorida 32202		
10 Attached is an original certificate of existence, no rehaving custody of records in the jurisdiction under acceptable. If the certificate is in a foreign language translator must be submitted)	the law of which it is organized. (A pho	tocopy is not
11. Nature of business or purposes to be conducted or finance, develop, lease, soll, exchange and otherwise dis-	promoted in Florida: Acquire, hold, opening of real estate located in Florida.	raic. manage.
/Man II	George	
Signature of a member or an author (in accordance with section 608 408(3), F.S.		
an affirmation under the panalties of per	try that the facts stated herein are true )	

William G. Evans
Typed or printed name of signee

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#### CERTIFICATE OF DESIGNATION OF REGISTER AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608 415 OR 608 507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of Limited Liability Company is:

MFM Munager LLC

2. The name and the Florida street address of the registered agent and office are:

William G. Evans (Name)

c/o Eola Capital LLC. One Independent Drive. Suite 1850
Florida street address (P.O. Box NOT ACCEPTABLE)

Jacksonville, FL 32202 (City/State/Zip)

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to action this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as profited for in Chapter 608, F.S.

(Signature)

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# Delaware The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HERBEY CERTIFY "MFM MANAGER LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE ELEVENTH DAY OF OCTOBER, A.D. 2007.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MFM MANAGER LLC" WAS FORMED ON THE FIFTH DAY OF OCTOBER, A.D. 2007.

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

4435486 8300

071104847

arriet Amila Hinden Herriet Smith Windsor, Secretary of State

AUTHENTICATION: 6064958

DATE: 10-11-07

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