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SECRETARY OF STATE
TALLAHASSEE FISIALE



COVER LETTER

TO:	Registration Section Division of Corporations				
SUBJ	ECT: MF Debary, LLC (Name of	of Limited Liability Company)			
Florid		red Liability Company for Authorization to Tran are submitted to register the above referenced for ida			
Please	return all correspondence concerning	this matter to the following:			
	Todd Reynolds				
		(Name of Person)			
	Cypress Administrativ	e Services, LLC			
		(Firm/Company)			
44 South Broadway, Suite 614				08	
(Address)				9 NUL 80	T
	White Plains, NY 10601				
(City/State and Zip Code)					
For fu	rther information concerning this matt	er, please call:	DF STATE E. FLORIDA	<u>အ</u> 55	
	Todd Reynolds	at (914) 390-4301			
	(Name of Person)	(Area Code & Daytime Telephone N	lumber)	
	MAILING ADDRESS: Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	STREET ADDRESS: Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301			
Enclo	sed is a check for the following amour \$\begin{aligned} \begin{aligned} \begin	Fee & \$\sum \$\\$155.00 \text{ Filing Fee & } \sum \$\\$160.00 \text{ Filing}	Fee, Cer		

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:

(Name of Foreign Limited Liability Company) 2. DELAWARE (Jurisdiction under the law of which foreign limited liability company is organized) 4. 05/06/2008 (Date of Organization) 5. PERPETUA (Duration: Year limited liability exist or "perpetual")		ase to
(Jurisdiction under the law of which foreign limited liability company is organized) 4. 05/06/2008 (Date of Organization) (FEI number, if approximately permission of the lability of the l		ase to
4. 05/06/2008 5. PERPETUA (Date of Organization) (Duration: Year limited liability of the company is organized)		ase to
4. 05/06/2008 5. PERPETUA (Date of Organization) (Duration: Year limited liability of exist or "perpetual")	L company will ce	ease to
(Date of Organization) (Duration: Year limited liability exist or "perpetual")	company will ce	ease to
6.		
(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)		
7. Gulf Coast Facilities, LLC		
44 South Broadway, Suite 614 White Plains NY	10601	
(Street Address of Principal Office)	1	
8. If limited liability company is a manager-managed company, check here	SECRE FALL AH	NOF 80
9. The name and usual business addresses of the managing members or managers are	as follows:	9-19
Guif Coast Facilities, LLC	<u>m_</u>	P
44 South Broadway, Suite 614 White Plains, NY 10601	FLOR	
	ORIDA	Š

- 10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)
- 11. Nature of business or purposes to be conducted or promoted in Florida:

The nature of business to be conducted is any lawful purpose under Florida Statutes.

Signature of a member or an authorized representative of a member. (In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Ari Markenson, Authorized Representative

Typed or printed name of signee

CERTIFICATE OF DESIGNATION OF REGISTERED 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	the Limited Liability Company	ny is:			
	MF	Debary, LLC			
2. The name an	d the Florida street address of	f the registered a	gent and office are:		
	National Corp	orate Research,	Ltd., Inc.		
		(Name)		_ 	
	515 E	ast Park Avenue	e		
	Florida Street Addre	55 (P.O. Box <u>NOT</u>	(ACCEPTABLE)		
	Tallahassee	FL City/State/Zip	32301	SECR TALLA	
		Cidy Ciana		HASS	
liability compan agent and agree relating to the p	med as registered agent and to y at the place designated in thi to act in this capacity. I furthe roper and complete performan y position as registered agent o	is certificate, I he er agree to comp ce of my duties, a	reby accept the appo ly with the provision and I am familiar wit	ointment as registered $\stackrel{\square}{=}$ is of all statutes $\stackrel{\square}{=}$ $\stackrel{\square}{=}$ th and accept $\stackrel{\square}{=}$ $\stackrel{\square}{=}$	
Open Me	Via Asst Sec. (Signature)	·		•	

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

Delaware

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MF DEBARY, 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 SECOND DAY OF JUNE, A.D. 2008.

4544039 8300

080644497

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

Darriet Smith Hinden

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 6627100

DATE: 06-02-08