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ALLAHASSEF FLORIS

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#### **COVER LETTER**

TO:	Registration Section Division of Corporations				
SUBJ	ECT: MF Heritage, LLC (Name of Lim	ited Liability Company)			
Florid	nclosed "Application by Foreign Limited Lia a," Certificate of Existence, and check are su ty company to transact business in Florida				
Please	e return all correspondence concerning this m	natter to the following:			
	Todd Reynolds				
	(Na	nme of Person)			
	Cypress Administrative Se	rvices, LLC	<u> </u>		
	(Fi	rm/Company)			
	44 South Broadway, Suite	614			
		(Address)			
White Plains, NY 10601					
		ate and Zip Code)	IASS IASS	9-1	=
For fi	orther information concerning this matter, ple	ease call:		P	
	Todd Reynolds	at ( 914 ) 390-4301	STATE LORID	ဒ္ ၁	O
	(Name of Person)	(Area Code & Daytime Telephone	Number	()	
	MAILING ADDRESS:	STREET ADDRESS:			
Division of Corporations		Division of Corporations			
	P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301			
Enclo	sed is a check for the following amount:  \$\sum_\$125.00 \text{ Filing Fee} \sum_\$130.00 \text{ Filing Fee & Certificate of } \]	\$\sumsymbol{I}\$155.00 Filing Fee & \$\sumsymbol{\sum}\simsymbol{\sum}\simsymbol{\sumsymbol{\sum}\simsymbol{\sum}\simsymbol{\sim}\sim}\simsymbol{\sim}\sim\sim\sim\sim\sim\sim\sim\sim\sim\sim	g Fee, Ce tatus & C		

### 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.	MF Heri	itag	e, LLC			
	MF Heri (Name of Foreign Limited	Lia	oility Company)			
2	DELAWARE  Jurisdiction under the law of which foreign limited liability company is organized)		( FEI	number, if a	ipplicable)	
4.	05/06/2008 (Date of Organization)	5.	(Duration: Year li exist or "perpetua	PERPETU mited liabilit l")	JAL y company will ceas	se to
6.	(Date first transacted business in F (See sections 608.501 & 608.502 F.	lorie S. to	la, if prior to regists determine penalty	ation.) liability)		
7.	Gulf Coast	Fac	ilities, LLC			
	44 South Broadway, Suite 614 White Plair	າຣ	NY		10601	
	(Street Addres	s of	Principal Office)			
	If limited liability company is a manager-manage The name and usual business addresses of the ma				TALLES OF THE ASSESSION OF ASSE	) 
<i>,</i>	Gulf Coast Facilities, LLC	nag	ing memoers of		N-9 ETAÑ HASS	7
	44 South Broadway, Suite 614 White Plai	ns,	NY	10601	Y OF <b>PH</b> 3:	
					3: 55 TATE ORIDA	

- 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.)

Arl 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.

	MF	łeritage, LLC				
2. The name and 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	•			
	Florida Street Addre	ess (P.O. Box NOT	ACCEPTABLE)	SE	8	
	Tallahassee	FL	32301	L CR	- KNF 8(	
		City/State/Zip		TAR ASS	6	-
liability company at th	s registered agent and to e place designated in thi in this capacity. I furthe	s certificate, I he er agree to compl	reby accept the appor ly with the provisions	intment as registered of all statutes	e i	

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

(Signature)

## Delaware

PAGE 1

#### The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MF HERITAGE, 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.

4544032 8300

080644495

Warriet Smith Windsor, Secretary of State

AUTHENTICATION: 6627077

DATE: 06-02-08

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