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| (F                     | Requestor's Name)       |        |
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| PICK-UP                | · WAIT                  | MAIL   |
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| (E                     | Business Entity Name)   |        |
|                        |                         |        |
| ([                     | Document Number)        |        |
|                        |                         |        |
| Certified Copies       | Certificates of         | Status |
|                        |                         |        |
| Special Instructions t | o Filing Officer:       |        |
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SECRETARY OF STATE
ALLAHASSEE, FLORIOA

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#### **COVER LETTER**

| TO: Registration Section Division of Corporations  |   |  |           |      |
|--|---|--|-----------|------|
| SUBJECT: MF Lake Eustis, LLC   |   |  |           |      |
| . (Name of L   | imited Liability Company)                             |  |           |      |
| The enclosed "Application by Foreign Limited I Florida," Certificate of Existence, and check are liability company to transact business in Florida | submitted to register the above referenced for        |  |           |      |
| Please return all correspondence concerning this   | matter to the following:                              |  |           |      |
| Todd Reynolds  |   |  |           |      |
| (1   | Name of Person)                                       |  |           |      |
| Cypress Administrative S   | Services, LLC   |  |           |      |
|  | Firm/Company)   |  |           |      |
| 44 South Broadway, Suit  | e 614<br>(Address)                                    | SECRE!   | 6- NNF 80 | 77   |
| White Plains, NY 10601   | •   | AÑT UFISTATE<br>VSSEE, FLORIDA                                     | -9 PM 3:  | ILED |
| (City/   | State and Zip Code)                                   | 101<br>101<br>101<br>101<br>101<br>101<br>101<br>101<br>101<br>101 | င္မာ      |      |
| For further information concerning this matter, p  | please call:  | ÎDA<br>AÎE   | 55        |      |
| Todd Reynolds  | at ( 914 ) 390-4301                                   |  |           |      |
| (Name of Person)   | (Area Code & Daytime Telephone N                      | umber  | ·)        |      |
| MAILING ADDRESS:   | STREET ADDRESS:                                       |  |           |      |
| Division of Corporations   | Division of Corporations                              |  |           |      |
| P.O. Box 6327  | Clifton Building                                      |  |           |      |
| Tallahassee, FL 32314  | 2661 Executive Center Circle<br>Tallahassee, FL 32301 |  |           |      |
| Enclosed is a check for the following amount:  \$\sum_\$125.00 \text{ Filing Fee} \sum_\$130.00 \text{ Filing Fee} \text{ Certificate}             |   | Fee, Cer   |           |      |

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

IN COMPLIANCE WITH SECTION 608503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: MF Lake Eustis, LLC (Name of Foreign Limited Liability Company) **DELAWARE** (FEI number, if applicable) (Jurisdiction under the law of which foreign limited liability company is organized) 05/06/2008 **PERPETUAL** (Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual") (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) **Gulf Coast Facilities, LLC** 44 South Broadway, Suite 614 White Plains 10601 (Street Address of Principal Office) 8. If limited liability company is a manager-managed company, check here 9. The name and usual business addresses of the managing members or managers are as follows: **Guif Coast Facilities, LLC** 10601 44 South Broadway, Suite 614 White Plains, NY

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.

|                     | MF Lal                    | e Eustis, LLC           |                      | <del> </del> |        |   |
|---------------------|---------------------------|-------------------------|----------------------|--------------|--------|---|
| 2. The name and the | Florida street address of | the registered a        | gent and office are: |              |        |   |
|                     | National Corpo            | orate Research,         | Ltd., Inc.           |              |        |   |
| (Name)              |                           |                         |                      | SE<br>TALI   | 80     |   |
|                     | 515 E                     | ast Park Avenue         | •                    | LAH          | NUL 80 | - |
|                     | Florida Street Addre      | ss (P.O. Box <u>NOT</u> | ACCEPTABLE)          | IAR<br>ASS   | -9     | - |
|                     | Tallahassee               | FL                      | 32301                | — ⊒,         | P      |   |
|                     |                           | City/State/Zip          |                      | 101<br>11S   | င္မာ   |   |
|                     |                           |                         |                      | TATE<br>ORID | 55     |   |

agent and agree to act in this capacity. I further agree to comply with the provisions of all staturelating to the proper and complete performance of my duties, and I am familiar with and accept obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent \$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

# Delaware

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#### The First State

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

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080644493

Warriet Smith Windson, Secretary of State

AUTHENTICATION: 6627071

DATE: 06-02-08

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