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COVER LETTER

Division of Corporations	
SUBJECT: MC7 LLC	
	red Liability Company)
	omitted to register the above referenced foreign limited
Please return all correspondence concerning this ma	atter to the following:
Mark Nadel	
(Nan	ne of Person)
MC7 LLC	建
	n/Company)
	, Saint Augustine, FL, 32080 Address)
(City/Sta	te and Zip Code)
For further information concerning this matter, plea	se call:
Mark Nadel (Name of Person)	_at (904) 540-4011 (Area Code & Daytime Telephone Number)
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
Enclosed is a check for the following amount: \$\sum \\$125.00 \text{ Filing Fee} \sum \\$130.00 \text{ Filing Fee & Certificate of S}\$	□\$155.00 Filing Fee & □\$160.00 Filing Fee, Certificate Status Certified Copy of Status & Certified Copy

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:

MC7 LLC (Name of Foreign Limited	d Lighility Company)
, , , , , , , , , , , , , , , , , , ,	• • • • • • • • • • • • • • • • • • • •
Delaware	3. 90-0262994
(Jurisdiction under the law of which foreign limited liability company is organized)	(FEI number, if applicable)
5th May 1997	5. Perpetual
(Date of Organization)	(Duration: Year limited liability company will cease to exist or "perpetual")
June 16th 2008	· · · · · · · · · · · · · · · · · · ·
(Date first transacted business in I (See sections 608.501 & 608.502 F.	Florida, if prior to registration.) S. to determine penalty liability)
254 Fiddlers Point Drive, Saint Augusti	ine, FL, 32080
(Street Address	ss of Principal Office)
If limited liability company is a manager-manage	ed company, check here
p	
The name and usual business addresses of the ma	anaging members or managers are as follows:
Mark Nadel	
254 Fiddlers Point Drive, Saint Augustin	A FL 32080
204 Fludiers Form Drive, Gaint Augustin	ic, 1 L, 02000
). Attached is an original certificate of existence, no more than 9	O days old, duly authenticated by the official having custody of reco
	opy is not acceptable. If the certificate is in a foreign language, a
instation of the certificate under oath of the translator must be su	ibmitted.)
. Nature of business or purposes to be conducted	or promoted in Florida. Real Estate Rental
(we own small office and will be renting	jit to a tenant)
Con	
Signature of a member or an a	authorized representative of a member.
(In accordance with section 608.408(3),	, F.S., the execution of this document constitutes erjury that the facts stated herein are true.)
Mark Nadel	
Typed or printe	ed 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 is:

MO7110

MO7 LLO	60
2. The name and the Florida street address of the registered agent and office are:	JW 18
Mark Nadel	in or
(Name)	
254 Fiddlers Point Drive	D.
Florida Street Address (P.O. Box NOT ACCEPTABLE)	
Saint Augustine _{FL} 32080	
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 act in 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 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 "MC 7 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 TWENTY-NINTH DAY OF MAY, A.D. 2008.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MC 7 LLC" WAS FORMED ON THE SIXTH DAY OF MAY, A.D. 1997.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

2718927 8300

080621129
You may verify this certificate online at corp. delaware gov/authver. shtml

Warriet Smith Windsor, Secretary of State

AUTHENTICATION: 6621213

DATE: 05-29-08