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SECRETARY OF STATE STATE OF CORPORATIONS OF CORPORATIONS

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: MNIX - HOLDING (Name of Limited Liability C		
The enclosed "Application by Foreign Limited Liability Company Florida," Certificate of Existence, and check are submitted to regiliability company to transact business in Florida		
Please return all correspondence concerning this matter to the following	lowing:	
GARY L. HUNTER (Name of Person)	· · · · · · · · · · · · · · · · · · ·	
C/O SDI, INC. (Firm/Company)		
5105 DTC PARKWAY, #240 (Address)		
CREENWOOD VILLAGE, CO 80111 (City/State and Zip Code)		
For further information concerning this matter, please call:		
BENEA ANDERSON at (720) (Name of Person) (Area Cod	de & Daytime Telephone Number)	
MAILING ADDRESS: Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET All Division of Colifton Build 2661 Execut Tallahassee,	Corporations ling ive Center Circle	
Enclosed is a check for the following amount: \$\Bigcup \\$125.00 \text{ Filing Fee} \Bigcup \\$130.00 \text{ Filing Fee & Bigcup Status} \text{Certificate of Status} \text{Constitution}	ling Fee & \$\sqrt{\$160.00}\$ Filing Fee, Certificate 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:

1 M N T X - HO I D T N/GT I L C.

1. MVIX - HOLDING LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
(c. mino o. c. c. c. g., 2. mino 2. mino monato a mino a 2. mino a
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C.," "LLC.")
2. COLORADO (Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)
4. 12/11/2008 (Date of Organization) 5. DEPETUAL (Duration: Year limited liability company will cease to exist or "perpetual")
6. (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)
7. <u>5105 DTC PARKWAY, #240</u>
GREENWOOD VILLAGE, CD 80/// Signal (Street Address of Principal Office)
8. If limited liability company is a manager-managed company, check here 2
9. The name and usual business addresses of the managing members or managers are as follows a figure of the managing members or managers are as follows a figure of the managing members or managers are as follows a figure of the managing members or managers are as follows a figure of the managing members or managers are as follows a figure of the managing members or managers are as follows a figure of the managing members or managers are as follows a figure of the managing members or managers are as follows a figure of the managing members or managers are as follows a figure of the managing members or managers are as follows a figure of the managing members or managers are as follows a figure of the managing members or managers are as follows a figure of the managing members of the managing members of the managers are as follows a figure of the managers are as follows and the figure of the managers are as follows and the figure of the managers are as follows and the figure of the managers are as follows and the figure of the managers are as follows and the figure of the managers are as follows and the figure of the managers are as follows and the figure of the managers are as follows and the figure of the managers are as follows and the figure of the managers are as follows and the figure of the managers are as follows and the figure of the managers are as follows and the figure of the managers are as follows and the figure of the managers are as follows and the figure of the managers are as follows and the figure of the managers are as follows and the figure of the managers are as follows and the figure of the managers are as follows.
MATTHIAS NIXBORF
GREENWOOD VILLAGE, CO 80/11
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: <u>REAL ESTATE</u>
INVESTMENT EN
and the
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.)
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 C	Company is:			
MNix-Holding	LLC				
If name unavailable, the alternate name to be used in the state of Florida is:					
2. The name	and the Florida street add	dress of the registered agent and office are:			
	NRAI Services, Inc.				
		(Name)			
	2731 Executive Park Dr	rive, Suite 4			
	Florida Stree	et Address (P.O. Box NOT ACCEPTABLE)			
	Weston	FL 33331			
		City/State/Zip			
liability composition agent and agriculture relating to the	any at the place designated ree to act in this capacity. re proper and complete perf f my position as registered	and to accept service of process for the above stated limited d in this certificate, I hereby accept the appointment as registered I further agree to comply with the provisions of all statutes formance of my duties, and I am familiar with and accept the agent as provided for in Chapter 608, Florida Statutes.			
	(Signature) ssistant Secretary				
	\$ 10	00.00 Filing Fee for Application			
	\$ 2	25.00 Designation of Registered Agent			

\$ 30.00 Certified Copy (optional) \$ 5.00 Certificate of Status (optional)

OFFICE OF THE SECRETARY OF STATE OF THE STATE OF COLORADO

CERTIFICATE

I, Mike Coffman, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office,

MNix-Holding LLC

is a Limited Liability Company formed or registered on 12/11/2008 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 20081643625.

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 12/11/2008 that have been posted, and by documents delivered to this office electronically through 12/16/2008 @ 10:28:52.

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Denver, Colorado on 12/16/2008 @ 10:28:52 pursuant to and in accordance with applicable law. This certificate is assigned Confirmation Number 7248659.



Mik Colim

Secretary of State of the State of Colorado

Notice: A certificate issued electronically from the Colorado Secretary of State's Web site is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Certificate Confirmation Page of the Secretary of State's Web site, http://www.sos.state.co.us/biz/CertificateSearchCriteria.do entering the certificate's confirmation number displayed on the certificate, and following the instructions displayed. Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our Web site, http://www.sos.state.co.us/click Business Center and select "Frequently Asked Questions."