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| | • |
|---------------------|--------------------------|
| | (Requestor's Name) |
| | (Address) |
| | (Address) |
| | |
| | (City/State/Zip/Phone #) |
| PICK-L | JP WAIT MAIL |
| | (Business Entity Name) |
| | (Document Number) |
| Certified Copies | Certificates of Status |
| Special Instruction | no to Filing Officer |

A. LUNT

JUN - 1 2009

EXAMINER

Office Use Only



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05/29/09--01017--011 **130.00

COVER LETTER

Registration Section

TO:

| Division | n of Corporations | | | | |
|-----------------------------------|---|---|---------------------------------------|-------------|----------------|
| SUBJECT: | | MM 27.5 LLC | | | |
| Name of Limited Liability Company | | | | | |
| | | iability Company for Authorization to Transact Bus above referenced foreign limited liability company | | | |
| Please return all | correspondence concerning this | matter to the following: | | | |
| | | Donna L. Culver | | | |
| | | Name of Person | | | |
| | | | | 21 | |
| | | Firm/Company | | 2009 KAY 29 | **** |
| | | 18 Longacre Court | F7.: | 2 | MATERIAL PAREN |
| Address | | en c | 9 PH | | |
| Hockessin, DE 19707 | | | ယ့် | 3 | |
| | | 02. 0m | : 38 | | |
| | | dculver@mnat.com | | | |
| - | E-mail address | : (to be used for future annual report notification) | | - | |
| For further infor | mation concerning this matter, pl | lease call: | | | |
| | Donna L. Culver | | -9208 | _ | |
| | Name of Person | Area Code & Daytime Telephone Number | | | |
| | NG ADDRESS: | STREET ADDRESS: | | | |
| | n of Corporations ation Section | Division of Corporations Registration Section | | | |
| P.O. Bo | | Clifton Building | | | |
| Tallaha | ssee, FL 32314 | 2661 Executive Center Circle Tallahassee, FL 32301 | | | |
| Enclosed is a | check for the following am | ount: | | | |
| \$125 | .00 Filing Fee \$130.00 Fil Certificat | | .00 Filing Fee, C f Status & Certi | | |

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. | MM 27.5 LL (Name of Foreign Limited Liability Company; must include "Lir | _C | | | _ |
|------------|--|--|-----------------|-------------|------------------|
| | (Name of Foreign Limited Liability Company; must include "Lir | nited Liability Company," "L.L.C | J.," or "LL | .C.^) | |
| со | 'name unavailable, enter alternate name adopted for the purpose of transent of the managers or managing members adopting the alternate nampany," "L.L.C," "LLC.") | | | | |
| 2. | Delaware 3. | 26-1749597 | | | |
| -·. | Jurisdiction under the law of which foreign limited liability company is organized) 3. | (FEI number, if application | able) | | _ |
| 4. | 01/07/08 5. | Perpetual uration: Year limited liability com | ≥< 1 | 2099 | |
| | (Date of Organization) (Date of Organization) (Decided by the content of the co | uration: Year limited liability comist or "perpetual") | ipany will | cease to | Estate annual |
| 6. | 04/06/09 | | မွှာရှိ များ | 29 | Types (Welling) |
| | (Date first transacted business in Florida, if (See sections 608.501 & 608.502 F.S. to dete | prior to registration.) ermine penalty liability) | E FLO | ည္ ယ | |
| 7. | 18 Longacre Court | | <u> </u> | | _ |
| | Hockessin, DE 19707 | | Sui | œ | |
| | (Street Address of Princ | cipal Office) | | | _ |
| | If limited liability company is a manager-managed composition. The name and usual business addresses of the managing Donna L. Culver | | s follows | : | _ |
| | 18 Longacre Court | | | | |
| | Hockessin, DE 19707 | ··· | · | | _ |
| the tra | Attached is an original certificate of existence, no more than 90 days old ejurisdiction under the law of which it is organized. (A photocopy is not anslation of the certificate under oath of the translator must be submitted.) | acceptable. If the certificate is in a | _ | • | cords in |
| 11 | . Nature of business or purposes to be conducted or prom | oted in Florida: | <u> </u> | | _ |
| | Short term rental of resider | ıtial real estate | | | <u>.</u> . |
| | Signature of a member or an authorize (In accordance with section 608.408(3), F.S., the ean affirmation under the penalties of perjury that | ed representative of a memb | | | |
| | Donna L. Ci | ulver | | | |
| | 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 is: | | |
|--|--------------------------------|---------------------------------|
| MM 27.5 LLC | | _ |
| If unavailable, the alternate to be used in the state of Florida is: | | |
| Dominica LLC | | |
| 2. The name and the Florida street address of the registered agent and office are: | 2009 KAY. SEGALA TALLAHA | |
| Christopher B. Waldera P.A. (Name) | 29 SSE | d metror. e server. e server. |
| 11300 Overseas Highway Florida Street Address (P.O. Box NOT ACCEPTABLE) | PK 3: 38 SESTATE ELFLORIDA I | granes. |
| Marathon, FL 33050 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.

(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, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "MM 27.5 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 FIFTEENTH DAY OF MAY, A.D. 2009.

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

4485719 8300

090482218

Jeffrey W. Bullock, Secretary of State

AUTHENT CATION: 7305845

DATE: 05-15-09

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