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(((H110002096573)))



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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : BERMAN, RENNERT, VOGEL & MANDLER, P.A.

Account Number : 076103002011

Phone Fax Number

: (305)577-4177 : (305)373-6036

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

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Foreign Limited Liability Company Mac Plaza, LLC

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P. 02 FILED 11 AUG 24 AM 8: 34 PALLAHASSEE, FLORIDA

FAX AUDIT NUMBER: H11000209657 3

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

In compliance with the Florida Statutes, the following is submitted to register a foreign limited liability company to transact business in the State of Florida:

- 1. The name of the limited liability company is: MAC PLAZA, LLC.
- 2. The limited liability company was incorporated under the laws of the State of Delaware on August 3, 2011.
- 3. The date the limited liability company first transacted business in Florida was on August 3, 2011.
- 4. The duration of the limited liability company is perpetual.
- 5. The principal and mailing address of the limited liability company is:

10192 NW 50th Street Sunrise, Florida 33351

- 6. The purpose of the limited liability company is to engage in any lawful act or activity for which limited liability companies may be organized under the State of Delaware and as permitted in the State of Florida.
- 7. The name and address of the registered agent and registered office of the limited liability company in the State of Florida is:

Registered Agents of Florida, LLC 100 Southeast Second Street, Suite 2900 Miami, Florida 33131-2130

8. Having been named as registered agent to accept service of process for the above stated limited liability company at the place designated in this application. 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.

REGISTERED AGENTS OF FLORIDA, LLC

Charles I. Repnert, Vice President

FAX AUDIT NUMBER: H110002096573

9. Names and Addresses of Managing Members/Managers of the limited liability company:

Name Title: Address

Albert Palacei Managing Member 10192 NW 50th Street Sunrise, Florida 33351

10. Attached is a certificate of good standing duly authenticated not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State of Delaware.

IN WITNESS WHEREOF, the undersigned member has duly executed this application this 23 day of August, 2011.

Name: Albert Palacci

Title: Member

 $K_{\rm e}CHOPORATE = O_{\rm porter}ORPORATE PROPORED Place, LLC (Application to do business in FL dec$

Delaware

DAGE

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "MAC PLAZA 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-THIRD DAY OF AUGUST, A.D. 2011.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID. "MAC PLAZA LLC" WAS FORMED ON THE THIRD DAY OF AUGUST, A.D. 2011.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

5020024 8300

110943416

You may verify this certificate onlin at corp.delaware.gov/authver.shuml Jeffrey W. Bullock, Socretory of State

DATE: 08-23-11