

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

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From:

Account Name : C T CORPORATION SYSTEM

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L. SELLERS

JAN 18 2012

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

Email Address:

Foreign Limited Liability Company MLQ-ELD, L.L.C.

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Corporate Filing Menu

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https://efile.sunbiz.org/scripts/efilcovr.exe

1/17/2012

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CT CORPORATION

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01/11/2015 15:11

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: MLQ-ELD, L.L.C.
Name of Limited Liability Company
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Plorida," Certificate Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Flori
Please return all correspondence concerning this matter to the following:
Mary Getting
Name of Person
Archon Group
Firm/Company
6011 Connection Drive
Address
Irving, Texas 75039
City/State and Zip Code
mary.getting@archon.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person Area Code & Daytime Telephone Number
MAILING ADDRESS: STREET ADDRESS: Division of Corporations Division of Corporations
Registration Section Registration Section P.O. Box 6327 Clifton Building
Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301
Enclosed is a check for the following amount: \$\int_{\text{S125.00 Filing Fee}} \text{\$\int_{\text{S130.00 Filing Fee}} \text{\$\int_{\text{Certificate}} \$\int

FL059 - 10/06/3010 C T Ryslem Cellise

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

1. <u>Made</u> (N	ELD, L.L.C. ame of Foreign Limited Liebility Company; must in	elude "Limited Liability Company," "L.L.C.," or "LLC.")
consent of	mavailable, enter alternate name adopted for the pun f the managers or managing members adopting the a ""L.L.C," "LLC,")	pose of transacting business in Florida and attach a copy of the written ternate name. The alternate name must include "Limited Liability
2. Delawa		3. 27-2428578
	ction under the law of which foreign limited liability by is organized)	(FEI number, (f applicable)
4. 04/23/		5. Perpetual
	(Date of Organization)	(Duration: Year limited hability company will sease to exist or "perpetual")
6.	12/30/2011	
	(Date first transected business in) (See sections 608.501 & 608.502 F	Florids, if prior to registration.) S. to determine penalty liability)
7. 6011 0	Connection Drive	· .
leviny.	TX 75039	
		s of Principal Office)
8. If lim	ited liability company is a manager-manage	ed company, check here
9. The n	name and usual husiness addresses of the ma	maging members or managers are as follows:
	HoldCo, L.L.C., Managing Member	managers of managers and managers.
6011	Connection Drive	
Javing.	TX 75039	
thejuristic		O days old, duly authenticated by the official having custody of records in opy is not acceptable. If the certificate is in a foreign language, a braitted.)
11. Nati	are of business or purposes to be conducted	or promoted in Florida: investment in and ownership
of real	estate	
	By:	authorized representative of a member.
	(In accordance with section 608.408(3), F.S., the ex- penalties of perjury that the facts stated herein are:	ecution of this document constitutes an affirmation under the true. I am aware that any false information submitted in a es a third degree felony as provided for in s.817.155, F.S.)
	Milton R Millman III, V	ice President of Managing Member, and name of signee MLQ HoldCo, L.L.C.

PLOST - INKERZOTO C T Nyatura Cultim

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 Li	mited Liability Company is:	
MLQ-ELD, L.L.C.		
If unavailable, the alte	rnate to be used in the state of Florida is:	
2. The name and the I	lorida street address of the registered agent and office are:	
CTCo	poration System	
·	(Name)	
1200 Sc	outh Pine Island Road	
	Florida Street Address (P.O. Box NOT ACCEPTABLE)	
Plante	ion FL 33324	
	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)

Application System

S 160.00 Filing Fee for Application
S 25.00 Designation of Registered Agent
S 30.00 Certificate of Status (optional)
Certificate of Status (optional)

12 JAN 17 AM 10: \$6
SECRETARY OF STATE
TALL AHASSEF, FLORID.

NTING THATHADOLD C. L. SAME DAILNE

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MLQ-ELD, L.L.C." 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 THIRTEENTH DAY OF JANUARY, A.D. 2012.

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

4815277 8300

120047728

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

AUTHENTY CATION: 9296952

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DATE: 01-13-12