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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : BILZIN SUMBERG BAENA PRICE & AXELROD LLP

Account Number : 075350000132

: (305)374-7580

Phone Fax Number

: (305)351-2122

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

OFF

Commail Address:

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Foreign Limited Liability Company MDDA STARDUST MANAGER, LLC

| Certificate of Status | 1 . |
|-----------------------|----------|
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EXAMINER

9/11/2012

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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 FÖREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

| Lu | IMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STA | ALE OF FLORIDA: | | | |
|----|---|--|--------------------------|------------|-------------|
| 1. | MDDA Stardust Manager, LLC | | | | |
| | (Name of Foreign Limited Liability Company; must include | "Limited Liability Compa | iy," "L.L.C.," or "LLC | .") | • |
| | · | • | | | |
| ā | f name unavailable, enter alternate name adopted for the purpose o | of transacting business in F | lorida and attach a cop | y of the | - writte |
| CO | onsent of the managers or managing members adopting the alternat | | | | |
| Cc | ompany," "L.L.C," "LLC.") | | | | |
| 2 | Delaware 3. | | | | |
| | (Jurisdiction under the law of which foreign limited liability company is organized) | (FEI number | , if applicable) | | - |
| 4 | 9/7/2012 . 5, p | perpetual | | , | |
| ٠. | (Date of Organization) | (Duration: Year limited lexist or "perpetual") | ability company will co | ease to | • |
| 6. | | | =- | | |
| ٧. | (Date first transacted business in Florida | a, if prior to registration.) | | 7 | - |
| | (See sections 608.501 & 608.502 F.S. to | determine penalty liability | | SEP | se dejuni |
| 7. | 3841 N.E. 2nd Avenue, Suite 400, Miami, Florida 33137 | , · | | 0 | . 447W3W |
| | | | SSE | | - |
| • | (Street Address of F | Principal Office | <u> </u> | - <u> </u> | - ["i"i |
| | (Street Notices of t | тыстрат Отпосу | £. S | | k |
| 8. | If limited liability company is a manager-managed con | mpany, check here | TATE | 9: 29 | Vincent of |
| 9. | The name and usual business addresses of the managin | ng members or manag | ers are as follows: | | , |
| | MDDA Stardust Member, LLC, a Delaware limited liability cor | mpany | | . <u>-</u> | - |
| | 3841 N.E. 2nd Avenue, Suite 400, Miami, Florida 33137 | ···· | | | _ |
| | • * | | | | - |
| 10 |). Attached is an original certificate of existence, no more than 90 days | old duly a shannadad bes | he official harmonymus | di cofrac | مة واضح |
| | e jurisdiction under the law of which it is organized. (A photocopy is t | | | | YYAN II |
| | instation of the certificate under each of the translator must be submitte | | | | |
| 11 | l. Nature of business or purposes to be conducted or pro | omoted in Florida: | | | - |
| | To engage in any lawful act or activity. | | | | |
| | /_ / T : | | | | • |
| | /s/ Linda E | | | | |
| | Signature of a member or an author | | | | |
| | (In accordance with section 608.408(3), F.S., the execution penalties of perjury that the facts stated herein are true. I | | | 2 | |
| | document to the Department of State constitutes a ti | hird degree felony as prov | ided for in s.817.155, F | .\$.) | |
| | Linda Ebin, Authorized Representative | | | • | |
| | Typed or printed na | me of signee | | | |

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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.

| f unavailable, the alte | ernate to be used in the state of Florida is: | |
|-------------------------|--|---------------|
| | | |
| . The name and the | Florida street address of the registered agent an | d office are: |
| | | |
| Craig I | Robins | |
| | A7 | |
| | (Name) | |
| 3841 N | (Name) V.E. 2nd Avenue, Suite 400 | |
| 3841 N | | ABLE) |
| 3841 N | N.E. 2nd Avenue, Suite 400 Florida Street Address (P.O. Box NOT ACCEPTA | ABLE) |

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.

| Ву: | ./s/ | Cra | aig Robins | |
|-------------|--------|-------|----------------------------------|--|
| | | Signa | ture) | |
| Craig : | Robins | | | |
| | \$ 100 | 3 00 | Eding For for Amplication | |
| | | 5.00 | Filing Fee for Application | |
| | | | Designation of Registered Agent | |
| | · | 0.00 | Certified Copy (optional) | |
| | \$ 5 | 5.00 | Certificate of Status (optional) | |

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Delaware

PACE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "MDDA STARDUST MANAGER, 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 SEVENTH DAY OF SEPTEMBER, A.D. 2012.

5209338 8300

121008731

You may verify this certificate online

Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 9830168

DATE: 09-07-12