# M13000005270

(Requestor's Name)			
(Address)			
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(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			

Office Use Only



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#### FLORIDA DEPARTMENT OF STATE Division of Corporations

August 7, 2013

MARIA A. ACEVEDO, ESQ. HOMER BONNER JACOBS, P.A. 1200 FOUR SEASONS TOWER, 1441 BRICKELL A MIAMI, FL 33131

SUBJECT: MCLA LLC

Ref. Number: W13000044061

We have received your document for MCLA LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days of your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please (850) 245-6051.

Deborah Bruce Regulatory Specialist II

Letter Number: 713A00018937

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CR2E027 (9/10)

#### **COVER LETTER**

TO: Registration Section
Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

SUBJECT:		MCLA LLC			
SUBJECT:	Nar	ne of Limited Liability Company			
The enclosed "Appli Existence, and check	cation by Foreign Limited Liab are submitted to register the ab	ility Company for Authorization to Transact Bus sove referenced foreign limited liability company	iness in Florida," Certificate of to transact business in Florida		
Please return all corr	espondence concerning this ma	tter to the following:			
	Maria	a A. Acevedo, Esq.			
	Name of Person				
Homer Bonner Jacobs, P.A.					
Firm/Company					
1200 Four Seasons Tower, 1441 Brickell Avenue					
Address					
Miami, Florida 33131					
City/State and Zip Code					
macevedo@homerbonner.com					
E-mail address: (to be used for future annual report notification)					
For further informati	on concerning this matter, pleas	se call:	ASS 2		
Sa	avannah Leyto	n at 305 350-	5100 EF 9 20 F		
	Name of Person	Area Code & Daytime Telephone Number	10 X X		
Division of Corporations		STREET ADDRESS: Division of Corporations Registration Section	12		

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

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

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE	S, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN STATE OF FLORIDA:		
1. Name of Foreign Limited Liability Company; must include	"Limited Liability Company," "L.L.C.," or "LLC.")		
(If name unavailable, enter alternate name adopted for the purpose consent of the managers or managing members adopting the alternation Company," "L.L.C," "LLC.")	of transacting business in Florida and attach a copy of the written ate name. The alternate name must include "Limited Liability		
2. Delaware (Jurisdiction under the law of which foreign limited liability)			
company is organized)	(FEI number, if applicable)		
4. 01.18.2011 5.	perpetual  (Duration: Year limited liability company will cease to		
(Date of Organization)	(Duration: Year limited liability company will cease to exist or "perpetual")		
6. (Date first transacted business in Flori (See sections 608.501 & 608.502 F.S. to	ida, if prior to registration.) o determine penalty liability)		
7. 500 East Broward	Blvd., Suite 1710		
Ft. Lauderdale,	Florida 33394		
(Street Address of Principal Office)			
8. If limited liability company is a manager-managed co	ompany, check here		
9. The name and usual business addresses of the management			
Luis A. Davis, S	2 1 1		
	2 - 12 - 12 - 12 - 12 - 12 - 12 - 12 -		
the jurisdiction under the law of which it is organized. (A photocopy translation of the certificate under oath of the translator must be subm	nitted.)		
11. Nature of business or purposes to be conducted or J	promoted in Florida: any and all		
lawful business transactions.			
	Rul		
<del>-</del>	norized representative of a member.		
penalties of perjury that the facts stated herein are true.	tion of this document constitutes an affirmation under the . I am aware that any false information submitted in a third degree felony as provided for in s.817.155, F.S.)		
Maria A. Ac			
Typed or printed i			

### 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:

#### MCLA LLC

If unavailable, the alternate to be used in the state of Florida is:

#### B'Wise BusinessWise

2. The name and the Florida street address of the registered agent and office are:

# Maria A. Acevedo, Esq. (Name) 1200 Four Seasons Tower, 1441 Brickell Avenue

Florida Street Address (P.O. Box NOT ACCEPTABLE)

Miami FL 33131

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.

\$ 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 :

#### The First State

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

DELAWARE, DO HEREBY CERTIFY "MCLA 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 EIGHTEENTH DAY OF JANUARY, A.D. 2011.

4928611 8300

130835653

AUTHENTICATION: 0664129

DATE: 08-14-13

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