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To:

Division of Corporations

Fax Number : (850)617-6383

From:

: GREENBERG, TRAURIG, HOFFMAN, ET AL. Account Name

Account Number: 076077001461 : (305)789-5357 Phone : (305)961-5357 Fax Number

**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 MICAP 18, LLC

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Corporate Filing Menu

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DEC 1 6 2013

T. BROWN

MICAP 18, LLC 1180 East Hallandale Beach Boulevard, Suite C Hallandale Beach, Florida 33009

December 11, 2013

Department of State Division of Corporations Corporate Filings P.O. Box 6327 Tallahassee, FL 32314

RE: Micap 18, LLC

Dear Sir/Madam,

This letter will serve to confirm that we have no intention of revoking the formal and voluntary dissolution of Micap 18, LLC, a Florida limited liability company, that we filed in the state of Florida on December 10, 2013 under document number L13000162954. We therefore release the name to allow the qualification of the same company name, Micap 18, LLC, a Delaware limited liability company, in the State of Florida.

Thank you for your cooperation and assistance in this matter.

Sincerely,

Jaime Peisach, Manager

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. MICAP 18, LLC	
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.U.C.," or "LLC.")	
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C," "LLC.")	
2. STATE OF DELAWARE 3. 46-4245064	
(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)	
4. NOVEMBER 27, 2013 5. PERPETUAL	
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")	
6	
(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)	
7. 1180 E. Hallandale Beach Boulevard, Suite C	
Hallandale Beach, FL 33009	
(Street Address of Principal Office)	
8. If limited liability company is a manager-managed company, check here	
9. The name and usual business addresses of the managing members or managers are as follows:	
Manager: Jalme Peisach	
1180 E. Hallandale Beach Boulevard, Suite C	
Hailandale Beach, FL 33009	
10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)	
II. Nature of business or purposes to be conducted or promoted in Florida: Real Estate	
Investments	
Signature of a member or an authorized representative of a member.	
(In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the	

(In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Lourdes C. Cambo, Authorized Representative

1. The name of the Limited Liability Company is:

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.

MICAP	18, LLC		<u></u>
If unavailable	, the alternate to be used in	the state of Florida is:	
2. The name	and the Florida street addres	ss of the registered agent and office are:	-
	IFO REGISTE	RED AGENTS, LLC	
		(Name)	
	18305 Biscayr	ne Boulevard, Suite 401	
	Florida Street A	Address (P.O. Box NOT ACCEPTABLE)	
	Aventura	sr . 33160	

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.

City/State/Zip

(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

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MICAP 18, 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 ELEVENTH DAY OF DECEMBER, A.D. 2013.

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

5439910 8300

131409175

AUTHENTICATION: 0969375

DATE: 12-11-13