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UAN 13 2014 VALENCIOSE



ACCOUNT NO. : 120000000195

REFERENCE : 957587 7833946

AUTHORIZATION : Contact Contac

NAME: M-2850 TIGERTAIL OWNER, LLC

CONTACT PERSON: Carina L. Dunlap -- EXT# 52951

EXAMINER:

COVER LETTER

SUBJECT: M-2850 TIGE	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		
	Name of Limited Liability Company		
The enclosed "Application by F Existence, and check are submit	Foreign Limited Liability Company for Authorization to Transact Business in Florida itted to register the above referenced foreign limited liability company to transact bus	i," Certificate of Siness in Florid	of la
lease return all correspondence	ce concerning this matter to the following:		
Camilo Mig	guel, Jr.		
	Name of Person	-	
MC Manag	ger LLC		
	Firm/Company		
1691 M ichi	igan Avenue, Ste. 215		
	Address	Fl., ►	
Miami Bead	ach, FL 33139	OI NAL NID	
	City/State and Zip Code		Conc
cmiguelir@)yahoo.com	10 P	
	E-mail address: (to be used for future annual report notification)	유	
or further information concerni	ing this matter, please call:	PH 1:22	A STATE OF THE PERSON NAMED IN
Camilo Miguel, Jr.	r. 305 531-2426	>" ' 10	
Name	e of Person Area Code Daytime Telephone Number	-	
MAILING ADDRESS Division of Corporation Registration Section P.O. Box 6327 Tallahassee, FL 32314	ns Division of Corporations Registration Section Clifton Building		
Inclosed is a check for the ☐ \$125.00 Filing Fee	c following amount: □ \$130.00 Filing Fee & □ \$155.00 Filing Fee & □ \$160.00 Filing Fee, C Certificate of Status Certified Copy of Status & Certified		

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA.STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

M-2850 Tigertail Owner, LLC	
M-2850 Tigertail Owner, LLC (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 of transacting business in Florida and attach a copy of the woonsent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C," "LLC.")	
Delaware 3.	
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)	
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)	
1691 Michigan Avenue, Suite 215	
Miami Beach, FL 33139	•
(Street Address of Principal Office)	
1691 Michigan Avenue, Suite 215	, !
Miami Beach, FL 33139	Ē '
(Mailing Address)	
7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:	•
MC Manager, LLC (MGR)	
1691 Michigan Avenue, Suite 215	
Miami Beach, FL 33139	
Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of recording purisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a anslation of the certificate under oath of the translator must be submitted.) Signature of an authorized person (In accordance with section 605.0203, 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.) Camillo Miquel, Jr., President	rds

Typed or printed name of signce

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

The name of the Limited Liability Company is:
-2850 TIGERTAIL OWNER, LLC
mavailable, the alternate to be used in the state of Florida is:
The name and the Florida street address of the registered agent and office are:
Corporation Service Company
(Name) SS
1201 Hays Street
Florida Street Address (P.O. Box NOT ACCEPTABLE)
Tallahassee Fl. 32301
City/State/Zip
ving been named as registered agent and to accept service of process for the above stated limited wility company at the place designated in this certificate, I hereby accept the appointment as istered agent and agree to act in this capacity. I further agree to comply with the provisions of all utes relating to the proper and complete performance of my duties, and I am familiar with and ept the obligations of my position as registered agent as provided for in Chapter 605, Florida tutes.
Carina L. Dunlap (Signature) Carina L. Dunlap Asst. Vice President
\$ 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 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF FORMATION OF "M-2850 TIGERTAIL OWNER, LLC", FILED IN THIS OFFICE ON THE EIGHTH DAY OF JANUARY, A.D. 2014, AT 12:54 O'CLOCK P.M.

2014 JAN 10 PM 1: 23

5461919 8100

140021705

AUTHENTY CATION: 1041745

DATE: 01-08-14

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