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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: MDMS CAPITAL VA1 LLC Name of Limited Liability Company
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida
Please return all correspondence concerning this matter to the following:
SHEILA MUZIN
Name of Person
MDMS CAPITAL VA1 LLC
Firm/Company
9667 NW 33RD ST
Address
MIAMI, FLORIDA 33172
City/State and Zip Code
sheila.muzin@ewcnow.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
SHEILA MUZIN 305 392-5085
Name of Contact Person Area Code Daytime Telephone Number
MAILING ADDRESS: STREET ADDRESS: Division of Corporations Division of Corporations
Registration Section P.O. Box 6327 Registration Section Clifton Building
Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301
Enclosed is a check for the following amount: \$\Bigsig \text{\$125.00 Filing Fee} \Bigsig \text{\$130.00 Filing Fee & } \Bigsig \text{\$155.00 Filing Fee & } \Bigsig \text{\$\$160.00 Filing Fee, Certificate}\$
Certificate of Status Certified Copy of Status & Certified Copy

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 RUSINESS IN THE STATE OF FLORIDA:

	<i>IGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF F</i> DMS CAPITAL VA1 LLC	LONDA.
1	(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L	C.," or "LLC.")
	e unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alter Company," "L.L.C," or "LLC.")	rnate name must include "Limit
, VI	RGINIA 3. 46-4201128	
(Juris	diction under the law of which foreign limited liability (FEI number, if pany is organized)	f applicable)
4. 1	1/27/2013	
	(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)	
5. <u>9</u> 0	667 NW 33RD ST	·
M	IIAMI, FL 33172	AL.
	(Street Address of Principal Office)	
б. <u></u>		2 2 2 A
_	(Mailing Address)	11/2
7. Tł	ne name, title or capacity and address of the person(s) who has/have authority	y to manage is/are:
(MGRM) "SHEILA MUZIN"/"MUZIN INVESTMENTS, LTD., LLLP." - 9667 NW 33RD ST. MIAMI, FL 33172, (MGR) "DO	NNELLY INVESTMENT, LLC." -
0667	NINV 22DD CT AMANAU CL 22472 (MACD) WAA DITATO INIVESTMENT 11 C * 0007 NINV 22	IDD CT MIAMI EI 22172
- 9007	NW 33RD ST. MIAMI, FL 33172., (MGR) "MARITATO INVESTMENT, LLC." 9667 NW 33	SRD 51. MIAMI, FL 33//2
(MGR) "	MARK STEVERSON" -1121 N TAYLOR ST. ARLINGTON, VA 22201. (MGRM) "MDMS CAPITAL, LLC." - 9667	NW 33RD ST. MIAMI, FL 33172
navin _a	ached is an original certificate of existence, no more than 90 days old, duly a g custody of records in the jurisdiction under the law of which it is organized table. If the certificate is in a foreign language, a translation of the certificate se submitted)	. (A photocopy is not
	Shule Muga	
	Signature of an authorized person dance with section 605.0203, F.S., the execution of this document constitutes an affirmation under the penalties of that any false information submitted in a document to the Department of State constitutes a third degree felony as	
	SHEILA MUZIN	

Typed or printed name of signee

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: MDMS CAPITAL VA1 LLC		
If unavailable, the alternate to be used in the state of Florida is:	 -,	
2. The name and the Florida street address of the registered agent and office are:		
SHEILA MUZIN		
(Name)		
9667 NW 33RD ST.	ברו ברו בין	
Florido Street Address (P.O. Roy NOT ACCEPTABLE)	 5	

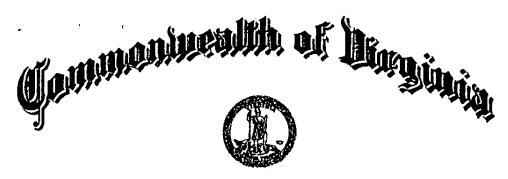
MIAMI _{EI} 33172

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 605, Florida Statutes.

Sheele Muspe (Signature)

> \$ 100.00 Filing Fee for Application \$ 25.00 Designation of Registered Agent \$ 30.00 Certified Copy (optional) \$ 5.00 Certificate of Status (optional)



STATE CORPORATION COMMISSION

Richmond, November 27, 2013

This is to certify that the certificate of organization of

MDMS Capital VA1 LLC

was this day issued and admitted to record in this office and that the said limited liability company is authorized to transact its business subject to all Virginia laws applicable to the company and its business. Effective date: November 27, 2013



State Corporation Commission Attest:

Clerk of the Commission