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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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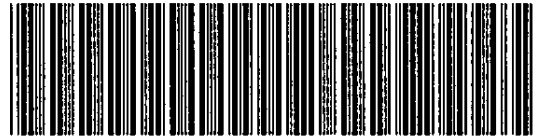
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
FALL/NOVEMBER 2014

2014 FEB 28 AM 10:46

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: MDMS CAPITAL VA2 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 VA2 LLC

Firm/Company

9667 NW 33RD ST

Address

MIAMI, FLORIDA 33172

City/State and Zip Code

sheila.muzin@ewcnw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SHEILA MUZIN

Name of Contact Person

305

Area Code

392-5085

Daytime Telephone Number

MAILING ADDRESS:

Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☒ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy

☐ \$160.00 Filing Fee, Certificate
of Status & Certified Copy

RECEIVED
TALLAHASSEE
SECRETARY OF STATE
FEB 28 2014

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

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

1. **MDMS CAPITAL VA2 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. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. **VIRGINIA**

(Jurisdiction under the law of which foreign limited liability company is organized)

3. **46-4201210**

(FEI number, if applicable)

4. **11/27/2013**

(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. **9667 NW 33RD ST**

MIAMI, FL 33172

(Street Address of Principal Office)

6. _____

(Mailing Address)

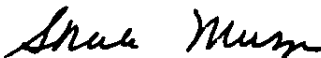
7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

(MGRM) "SHEILA MUZIN"/"MUZIN INVESTMENTS, LTD., LLLP." - 9667 NW 33RD ST. MIAMI, FL 33172, (MGR) "DONNELLY INVESTMENT, LLC." -

- 9667 NW 33RD ST. MIAMI, FL 33172., (MGR) "MARITATO INVESTMENT, LLC." 9667 NW 33RD ST. MIAMI, FL 33172

(MGR) "MARK STEVERSON" - 1121 N TAYLOR ST. ARLINGTON, VA 22201. (MGRM) "MDMS CAPITAL, LLC." - 9667 NW 33RD ST. MIAMI, FL 33172

8. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in 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)



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.)

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.

1. The name of the Limited Liability Company is:

MDMS CAPITAL VA2 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.


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

MIAMI

FL 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.



(Signature)

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

SECRETARY OF STATE
ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 11-11-2014 BY 104

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Commonwealth of Virginia



STATE CORPORATION COMMISSION

Richmond, November 27, 2013

This is to certify that the certificate of organization of

MDMS Capital VA2 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:

Joel H. Beck
Clerk of the Commission