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(((H14000061778 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : MELAND RUSSIN & BUDWICK, P.A

Account Number : I20040000113 Phone : (305) 358-6363 Fax Number : (305)358-1221

**Enter the email address for this business entity to be used for this annual report mailings. Enter only one email address please here.

Email Address:

Foreign Limited Liability Company UMP Manager, LLC

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Corporate Filing Menu

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D. BRUCE



March 14, 2014

FLORIDA DEPARTMENT OF STATE

Division of Corporations

MELAND RUSSIN & BUDWICK, P.A.

SUBJECT: UMP MANAGER, LLC

REF: W14000016561

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet

Pursuant to s.605.0902(1)(e), Florida Statutes, the document must contain the name, title or capacity and address of at least one person who has the authority to manage the foreign limited liability company.

Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence or certificate of good standing, which usually consists of a single sheet of paper that clearly reflects the entity is a valid entity in its home state/country. You can obtain the certificate of existence or certificate of good standing from the same office that provided you with the certified copy.

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

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

Deborah Bruce Regulatory Specialist II FAX Aud. #: B14000061778 Letter Number: 114A00005583

RECEIVED 14 MAR 17 PM 4:33

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

(Parame of Poreign Limited Liability Company; must include "Limited Liability Company," "L.L.C." or "LLC." (If name of Available, unter alternate name adopted for the purpose of transacting business in Florida. The alternate name must Liability Company," "L.L.C." or "LLC.") 2. Delaware (Jurisdiction under the law of which foreign limited liability (PGI number, if applicable) (PGI number, if applicable) 4. (Data flest transacted business in Florida, If prior to registration.) (See sections 605.0904 & 603.0903, F.S. to determine penalty liability) 3. 3550 Biscayne Blvd., Suite 501 Miami, Fl. 33131 (Street Address of Principal Office) Miami, Fl. 33131 (Mailing Address) 7. The name, title or capacity and address of the person(s) who has/have authority to manage in Ana M. Rodriguez, Authorized Representative 3. 3550 Biscayne Blvd., Suite 501 Miami, Fl. 33131		"Limited	
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Attached is an original certificate of existence, no more than 90 days old, duly authenticated be aving custody of records in the jurisdiction under the law of which it is organized. (A photocopeceptable, if the certificate is in a foreign language, a translation of the certificate under oath of nust be submitted)	py is no	ot	
Signature of an authorized person succerdance with section 603,0203, F.S., the execution of this document constitutes an affirmation under the penalties of pagary that the fact a sware that any false information submitted in a document to the Degarmon, of State constitutes a third degree fetony as provided for in a Sondra M. Perford	ns maind b 17.155, P.1	erein ara tr 3.)	uo. I
Sandra M. Ferrera 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.

If unavailab	le, the alternate to be used	d in the state of Florida is:	
2. The name	e and the Plorida street ad	ddress of the registered agent and office ar	e;
	Meland Rus	sin & Budwick, P.A.	
	A COLUMN TO SERVICE TO	(Name)	· · · · · · · · · · · · · · · · · · ·
	200 S. Bisca	ayne Blvd., Suite 3200	2014
	Ploride Su	rect Address (P.O. Box NOT ACCEPTARIA)	
	Miami	FL 33131	MAR 17
		Clty/State/Zip	PM 12:
liability comp registered ag statutes relat	pany at the place designat gent and agree to act in thi ling to the proper and com	nt and to accept service of process for the a ted in this certificate, I hereby accept the ap is capacity. I further agree to comply with aplete performance of my duties, and I am f is registered agent as provided for in Chapa	bove stated limited pointment as the provisions of all amiliar with and

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

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Delaware

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "UMP MANAGER, 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 FOURTEENTH DAY OF MARCH, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "UMP MANAGER, LLC" WAS FORMED ON THE TWENTY-FIRST DAY OF FEBRUARY, A.D. 2014.

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

2014 MAR 17 PM 12: 45

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

AUTHENTY CATION: 1210326

DATE: 03-14-14

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