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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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SECRETARY OF STATE

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ION SERVICE COMPANY
ACCOUNT NO. : I2000000195
REFERENCE : 093628 7833946
AUTHORIZATION :
COST LIMIT : \$ 125.00
ORDER DATE : April 14, 2014
ORDER TIME : 12:34 PM
ORDER NO. : 093628-015
CUSTOMER NO: 7833946
FOREIGN FILINGS
NAME: M-2699 S BAYSHORE INVESTOR, LLC
XXXX QUALIFICATION (TYPE: <u>LL</u>)
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING
CONTACT PERSON: Susie Knight EXT# 52956
EXAMINER:

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:

2 Delaware (Iurisdiction under the law of which foreign limited liability company is organized) 4. (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 5. 1691 Michigan Avenue, Ste. 215 Miami Beach, FL 33139 (Street Address of Principal Office) (Street Address) (Mailing Address) (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, Ste. 215	If name unavailable, enter alternate name adopted for the purpose liability Company," "L.L.C," or "Ll.C.")	of transacting busi	iness in Flor	ida. The alte	ernate name n	nust include	"Limited
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) Miami Beach, FL 33139 (Street Address of Principal Office) Miami Beach, FL 33139 (Mailing Address) 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, Ste. 215			,	•	•		٠, م
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Miami Beach, FL 33139 (Street Address of Principal Office) (Street Address of Principal Office) Miami Beach, FL 33139 (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, Ste. 215	i.		·	<i>,</i>		*	
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(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, Ste. 215	; 1691 Michigan Avenue, Ste. 21	5		·		FL	S
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, Ste. 215	Miami Beach, FL 33139			· · · · ·	w .)RIDA	4 4 5 1
MC Manager, LLC (MGR) 1691 Michigan Avenue, Ste. 215	(N	failing Address)		~		,	
MC Manager, LLC (MGR) 1691 Michigan Avenue, Ste. 215	7. The name, title or capacity and address of the r	person(s) who	has/have	authority	y to manag	ge is/are:	•
1691 Michigan Avenue, Ste. 215		, ,			· •		
	WO Manager, ELO (WOJY)	· · · · · · · · · · · · · · · · · · ·	· · ·	··	·		-
Miami Beach, FL 33139	1691 Michigan Avenue, Ste. 215			· · · ·		•	, ,
	Miami Beach, FL 33139						
with the first of			***				· .

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.)

Camilo Miguel, Jr., President of Manager

. 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:
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M-2699 S BAYSHORE INVESTOR, 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:

Corporation Service Company

(Name)

1201 Hays Street

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

Tallahassee

32301

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.

Sugnature)

Tue G. Knight

ant Vice Presiden

\$ 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 "M-2699 S BAYSHORE INVESTOR, 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 TENTH DAY OF APRIL, A.D. 2014.

14 APR ILL PH L: 34
SECHETARY OF STATE
TALLAHASSEE, FLORIDA

5479471 8300

140454643

Jeffrey W. Bullock, Secretary of State

AUTHENTY CATION: 1284952

DATE: 04-10-14

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