# M1400000551/

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SECRETARY OF STATE ALLAHASSEE FLORE

AUG = 4 2014 T. HAMPTON

#### **COVER LETTER**

TO: **Registration Section Division of Corporations** 

Mount Beacon Holdings, 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

Please return all correspondence concerning this matt	er to the following:	
Bert L. Combs		
	Name of Person	
Radey Law Firm	l	
	Firm/Company	
301 S. Bronougl	n Street, Suite	200
	Address	
Tallahassee, FL	32301	
	City/State and Zip Code	
tmiller@radeylav	v.com	
<del>-</del> -	to be used for future annual repo	rt notification)
For further information concerning this matter, please	call:	
Bert L. Combs	at (850)	425-6654
Name of Contact Person	Area Code	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 Circ	le
141141111111111111111111111111111111111	Tallahassee, FL 32301	
Enclosed is a check for the following amour  □ \$125.00 Filing Fee □ \$130.00 Filing		Fee & <b>1</b> \$160.00 Filing Fee, Certificate
Certificate of S	Status Certified Copy	of Status & Certified Copy



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

August 1, 2014

BERT L COMBS RADEY LAW FIRM 301 S BRONOUGH ST - STE 200 TALLAHASSEE, FL 32301

SUBJECT: MOUNT BEACON HOLDINGS, LLC

Ref. Number: W14000047151

We have received your document for MOUNT BEACON HOLDINGS, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), AuthorizedPerson (AP), or Authorized Representative (AR).

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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.

Tammy Hampton Regulatory Specialist III

Letter Number: 014A00016489

## 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:

1. Mount Beacon	n Holdings, LLC	N - (1 - C N)
(Name of Fo	reign Limited Liability Company; must include "Limited Liability Company," "L.L.C.,	or "LLC.")
(If name unavailable, enter Liability Company," "L.L.	alternate name adopted for the purpose of transacting business in Florida. The alternate C," or "LLC.")	e name must include "Limited
<sub>2</sub> Delaware	<sub>3.</sub> 47-0970751	
(Jurisdiction under the le company is organized)	aw of which foreign limited liability (FEI number, if app	olicable)
<sub>4.</sub> N/A		
	(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)	PS 7
5. 7785 66th	Street North	P. C.
Pinellas Pa	ark, FL 33781	255
	(Street Address of Principal Office)	TOP A
6		<u> </u>
Same		DE W
	(Mailing Address)	
7. The name, title of	or capacity and address of the person(s) who has/have authority to	manage is/are:
Southwind C	apital Group II LLC - AMBR	
c/o Willkie Fa	arr + Gallagher LLP	
787 Seventh	Avenue, NY, NY 10019 Attn: Russell Le	af
having custody of re	ginal certificate of existence, no more than 90 days old, duly auth ecords in the jurisdiction under the law of which it is organized. (A rtificate is in a foreign language, a translation of the certificate under the cer	A photocopy is not
	Munfel	
	Signature of an authorized person 05.0203, F.S., the execution of this document constitutes an affirmation under the penalties of pernation submitted in a document to the Department of State constitutes a third degree felony as pro	
	Travis L. Miller	
	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:

## Mount Beacon Holdings, LLC

If unavailable, the alternate to be used in the state of Florida is:

### N/A

2. The name and the Florida street address of the registered agent and office are:

Travis L. Mille	er			
(Name)				
301 South Bro	onough Street, Suite 200			
Florida Street Address (P.O. Box NOT ACCEPTABLE)				
Tallahassee	FL 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.

\$ 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 "MOUNT BEACON HOLDINGS, 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 FOURTH DAY OF AUGUST, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MOUNT BEACON HOLDINGS, LLC" WAS FORMED ON THE FOURTH DAY OF JUNE, A.D. 2014.

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

5544948 8300

141029014

AUTHENTICATION: 1589552

DATE: 08-04-14

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