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Division of Choracon -> Division of Control of Control

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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NISIGN OF CORPORATION
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Foreign Limited Liability Company MVP LAKEWOOD RANCH OPCO, LLC

Certificate of Status	0
Certified Copy	1
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SECTION TO SEE FLORIDA

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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

(Name of Foreign Limited Liability Company; must include "Limited Liabili	ty Company," "L.L.C.," or "LLC.")
It name unavailable, enter alternate name adopted for the purpose of transacting business i iability Company," "L.L.C," or "LLC,")	
(Jurisdiction under the law of which foreign limited liability company is organized) 3. 46-4903	(FEI number, if applicable)
(Date first transacted business in Florida, if prior to re (See sections 605.0904 & 605.0905, F.S. to determine p	egistration.) enalty liability)
4343 ANCHOR PLAZA PARKWAY, SUITI	E1 Es =
TAMPA, FL 33634	AUG A
4343 ANCHOR PLAZA PARKWAY, SUITE	E1 XX O T
TAMPA, FL 33634	
(Mailing Address)	22.06
The name, title or capacity and address of the person(s) who has/	have authority to manage is/are:
APTIVA MVP RESTAURANT PARTNERS	LLC, Manager
ICHOLAS READER, CEO OF SOLE MANA	
343 ANCHOR PLAZA PARKWAY, SUITE	1, TAMPA, FL 33634
Attached is an original certificate of existence, no more than 90 da aving custody of records in the jurisdiction under the law of which is ceptable. If the certificate is in a foreign language, a translation of the submitted)	it is organized. (A photocopy is not
nc	
Signature of an authorized pe	A CONTRACTOR OF THE PROPERTY O

NICHOLAS READER, Authorized Representative

Typed or printed name of signee

(((H14000184702 3)))

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:

MVP LAKEWOOD RANCH OPCO, 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:

NRAI SERVICE	ES, INC.			
	(Name)		14	
1200 SOUTH P	INE ISLAND ROAD		AUG	. :
Florida Street Address (P.O. Box NOT ACCEPTABLE)		28.5	Ç	و سخوا مورود ا
PLANTATION	FL 33324		<u>∓</u> 3	714
	City/State/Zip		3: 06	

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.

Michele Holden, Assistant Secretary

Wellele t

\$ 100.00 Filing Fee for Application

S 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 "MVP LAKEWOOD RANCH OPCO, 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 "MVP LAKEWOOD RANCH OPCO, LLC" WAS FORMED ON THE TWENTY-FOURTH DAY OF JANUARY, A.D. 2014.

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

14 AUG -5 AM 8: 06
SAUGLISSY OF CLAUC

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141030404

AUTHENTICATION: 1590668

DATE: 08-04-14

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

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