10/8/2014 15:01:05 From: To: 8506/76383

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Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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Division of Corporations

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Foreign Limited Liability Company MDH Tampa 62nd Street, LLC

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COVER LETTER

TO:	Registration Section Division of Corporations			
SUBJE	CT: MDH Tempa 62nd Street, 1	LLC		
		Name of Links	d Liability Company	
The ene Existent	dosed "Application by Foreign Li ee, and check are submitted to reg	mited Liability Compiler the above refer	pany for Authorization to T enced foreign limited liabil	mnsact Business in Florida,* Certificate of the company to transact business in Florid
Pleuse r	eturn all correspondence concerni	ing this matter to the	following:	
	Michael Pelt			
		N	ame of Person	
	MDH Partners, LLC			
		F	rm/Company	-
	3715 Northside Parkwa	y NW, Building 400	, Suite 240	
			Address	
	Atlanta, GA 30327			
	-	City/S	late and Zlp Code	
	michael@mdhpariners.c			
	E-m	ail address: (to be used	for future annual report notif	ication)
For furth	ner information concerning this m	atter, please call:		
	Michael Peli		at (404) 668-5	353 Daytine Telephone Number
	Name of Contac	t Person	Area Code	aytime Telephone Number
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314		Divisio Registra Clifton 2661 Es	TADDRESS: n of Corporations ation Section Building securive Center Circle ssee, FL 32301	
Enclos		ng amount: 0.00 Filing fee & diffcate of Status	S155.00 Filing Fee & Certified Copy	S160.00 Filing Fee, Certificate of Status & Certified Copy

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:

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The a Liability Company," "L.L.C," or "LLC.")	litemate name must include "Limited
Delaware 3.	
[Jurisdiction under the law of which foreign limited liability (FEI number company is organized)	, if applicable)
1	
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)	
3715 Northside Parkway NW, Building 400, Suite 240	
Atlanta, GA 30327	—————————————————————————————————————
(Street Address of Principal Office)	0.40
5, 3715 Northside Parkway NW, Building 400, Suite 240	<u> </u>
Atlanta, GA 30327	-8
(Mailing Address)	
7. The name, title or capacity and address of the person(s) who has/have author	ity to manage is/arez
AND A DECEMBER OF THE PROPERTY	RATA
Michael Peil, President	
	A
Michael Pelt, President 3715 Northside Parkway NW, Building 400, Suite 240 Atlanta, GA 30327	
3715 Northside Parkway NW, Building 400, Suite 240	ed. (A photocopy is not te under oath of the translator
Atlanta, GA 30327 3. Attached is an original certificate of existence, no more than 90 days old, duly naving custody of records in the jurisdiction under the law of which it is organizate operable. If the certificate is in a foreign language, a translation of the certificate must be submitted) Signature of an authorized person to accordance with section 605 0203, F.S., the execution of this document constitutes an affirmation under the penaltic	ed. (A photocopy is not te under oath of the translator

, C.,

15.017 - 61-16/2014 Welters Klewer Online

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 o	f the Limited Liability C	ompany is:		
MDH Tampa 62r	d Street, LLC			
If unavailable,	the alternate to be used it	n the state of Florida is:		
2. The name a	nd the Florida street addi	ess of the registered agent and office are:		
	C T Corporation System		TALL SEC	12
		(Name)	AHZ AHZ	
	1200 South Pine Island Ros	ad	AR)	!
	Florida Stree	Address (P.O. Box NOT ACCEPTABLE)	<u> </u>	
	Plantation	FL 33324 City/State/Zip	STATE LORIDA	
	1200 South Pine Island Ros Florida Stree	ad I Address (P.O. Box NOT ACCEPTABLE) FL 33324	ARY OF STA	

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.

Ву:	C T Corporation Syst	cm	Total King	Brief Enter Ant. Scotley	
(Signature)					

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

Delaware

DACE

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "MDH TAMPA 62ND STREET, 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 SEVENTH DAY OF OCTOBER, A.D. 2014.

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

14 OCT -8 PM L: LS

SECRETARY OF STATE
TALLAHASSEE, FI ORIGA

5616921 8300

141266381

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

jeffrey W. Bullock, Secretary of State

AUTHENTICATION: 1760716

DATE: 10-07-14