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NAME:

MNSF ACQUISITIONS, LLC

TYPE OF FILING: APPLICATION

COST:

60.00

RETURN:

Certified Copy of Good Standing

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

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COVER LETTER

	ration Section on of Corporations					
SUBJECT:	MNSF Acquisitions, LI	aC				
	Name	of Limited Liability Company				
	Application by Foreign Limited Liabi check are submitted to register the ab					
Please return al	correspondence concerning this mat	ter to the following:				
	Todd Gorelick					
	,	Name of Person				
	c/o Gorelick Brothers Capital, LUC					
	Firm/Company					
	4604 Colony Road, Suite 340					
	Address					
	tgorelick@gorelic					
	E-mail address:	to be used for future annual report	notification)			
For further info	rmation concerning this matter, pleas	e call:				
Todd Gorelick		at (704)	442-1094			
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 Circle Tallahassee, FL 32301				
	check for the following amounts.00 Filing Fee ☐ \$130.00 Filing	Fee & \$155.00 Filing F				
	Certificate of	Status Certified Copy	of Status & Certified	Сору		

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: MNSF Acquisitions, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C," or "LLC.") Delaware (Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable) (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) Upon filing 4064 Colony Road, Suite 340, Charlotte, NC 28211 (Street Address of Principal Office) 4064 Colony Road, Suite 340, Charlotte, NC 28211 (Mailing Address) 7. The name, title or capacity and address of the person(s) who has/have authority to manage is/ares Morrocroft Neighborhood Stabilization Portfolio Company 2, LLC, Sole Member: 4064 Colony Road Suite 340, Charlotte, NC 8. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted) Signature of an authorized person (In accordance with section 605.0203, P.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.) Todd Gorelick 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 Limi MNSF Acquisiti	•	праду is:					
If unavailable, the alternate to be used in the state of Florida is:							
2. The name and the Flo		ss of the registered	agent and office are:	TALL Sec	14(
enter accessed have t	(Name)			AHA SSI)CT - 9	constant - C. P.	
Tal	Florida Street A	Address (P.O. Box NO	TACCEPTABLE) 32301	C.FLOR	AH 10: 1.		
		City/State/Zip	· · · · · · · · · · · · · · · · · · ·	57	ယ		

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.

Edward J. Lasko, Assistant Secretary of Incorporating Services, Ltd (Signature)

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

Delaware

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "MNSF ACQUISITIONS, 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 NINTH DAY OF OCTOBER, A.D. 2014.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MNSF

ACQUISITIONS, LLC" WAS FORMED ON THE NINTH DAY OF OCTOBER, A.D.

2014.

14 OCT -9 AM IO: 13
SECRETARY OF STATE
TAIL AHASSEE FLERING

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141274031

AUTHENTY CATION: 1766078

DATE: 10-09-14

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