M150000005025

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT	MAIL	
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		

Office Use Only



600273373896

15 JUN 25 AM 9: 41

JUN 2 6 7015 1. 计例解析(3.7 CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE: 682888 4309487

AUTHORIZATION :

COST LIMIT : \$\125.00

ORDER DATE: June 25, 2015

ORDER TIME : 11:22 AM

ORDER NO. : 682888-005

CUSTOMER NO: 4309487

FOREIGN FILINGS

NAME: MD WHITE ASSOCIATES 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: Courtney Williams -- EXT# 62935

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 COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

I. MD White Associa			
(Name of Forei	gn Limited Liability Company; must include "Limi	ted Liability Company," "L.L.C.," or "LI	.C.'')
(If name unavailable, enter alte Liability Company," "L.L.C,"	ernate name adopted for the purpose of transacting or "LLC.")	business in Florida. The alternate name m	nust include "Limited
2. Delaware	3	(FEI number, if applicable)	
company is organized)	i which foreign fimilied Habitity	(тът пашост, и аррисаотс)	
1	(Date first transacted business in Florida, if	prior to registration)	
	(See sections 605.0904 & 605.0905, F.S. to de	termine penalty liability)	
5. 110 Island Creek, 1	Vero Beach, FL 32963		
			ASS 5
	(Street Address of Principal Office		59 =
6			#A 22 P
			SSE S
	(Mailing Address)		
7. Name and street address	of Florida registered agent: (P.O. Box NOT	acceptable)	AM 9: 41 SSEE, FLOR
Name:	Corporation Service Company		gr -
Office Address:	1201 Hays Street		
_ , , , , , , , , , , , , , , , , , , ,	Talahassee	, Florida <u>32301</u>	
	(City)	(Zip code)	
	ance: istered agent und to accept service of process ccept the appointment as registered agent an		
with the provisions of all si the obligations of my posite	atutes relative to the proper and complete pe		
ne obligations of my positi	On as registered agent.		y Williams
-	(Registered agent's sig	nature) Asst. Vice	e President
9 The warms title or comes	sity and address of the person(s) who has hos	authority to manage is/are:	
·	city and address of the person(s) who has/have	· · · · · · · · · · · · · · · · · · ·	
Michael D. Willie, M.	anager, 110 Island Creek, Vero Beach, Fl	_ 32303	
	of existence, no more than 90 days old, duly at f which it is organized. (If the certificate is in		
of the translator must be sul			
•	Signature of an authorize	d person	
	605.0203, F.S., the execution of this documer ue. I am aware that any false information subror in s.817.155, F.S.)		
	Michael D. White		

Typed or printed name of signee

Delaware

PAGE 1

The First State

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

DELAWARE, DO HEREBY CERTIFY "MD WHITE ASSOCIATES 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 TWENTY-FIFTH DAY OF JUNE, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MD WHITE ASSOCIATES LLC" WAS FORMED ON THE TWENTY-FOURTH DAY OF JUNE, A.D. 2015.

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

5773192 8300

150971174

AUTHENTICATION: 2500860

DATE: 06-25-15

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