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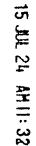
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#### **COVER LETTER**

то:		ation Section n of Corporation:	S			•		
SUBJE		rt Myers MM LLC		· · · · · · · · · · · · · · · · · · ·				
			Name of L	imited Liability C	ompany			
			ign Limited Liability Compa to register the above referen					
Please r	return all	correspondence co	oncerning this matter to the f	ollowing:				
		Alex Kurkin						
	Name of Person							
	Kurkin Brandes LLP							
Firm/Company								
		18851 NE 29th	Avenue, Suite 303					
				Address		· · · · · · · · · · · · · · · · · · ·		
	Aventura, FL 33180							
			City/St	ate and Zip Code				
		akurkin@kb-attor	neys.com					
			E-mail address: (to be used	for future annual	report noti	fication)		
For furt	ther infor	mation concerning	this matter, please call:					
Stacy Santiago		305 at (	929-850					
		Name of	f Contact Person	Area Code	Day	time Telephone Number		
MAILING ADDRESS:		STREET ADDRESS: Division of Corporations						
Division of Corporations Registration Section		Registration Section						
P.O. Box 6327		Clifton Building 2661 Executive Center Circle						
	I SHSUS	issee, FL 32314				ee, FL 32301		
Enclose		eck for the followi						
	□ <b>\$</b> 12:	5.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filin Certified Copy	g Fee &	☐ \$160.00 Filing Fee, Co of Status & Certified Cop		

### 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. Fort Myers MM LLC				
(Name of For	eign Limited Liability Compa	ny; must include "Limited Li	ability Company," "L.L.C.," or "LL	C.")
(If name unavailable, enter a	Itemate name adopted for the " or "LLC.")	purpose of transacting busine	ess in Florida. The alternate name m	ust include "Limited
2 Delaware		3 47-4515154		
	of which foreign limited liabi	lity	(FEI number, if applicable)	
4	(Date first transacted (See sections 605.0904	business in Florida, if prior ( & 605.0905, F.S. to determine	to registration.) ne penalty liability)	
5. 3528 T Street NW				
Washington, D.C. 200				
2520 T Can A NIN	(Street Addr	ess of Principal Office)		<b>40</b> 5
6. 3528 T Street NW				
Washington, D.C. 2000				15 P
	(Ma	uling Address)		
7. Name and street addres	s of Florida registered ager	t: (P.O. Box <u>NOT</u> accep	table)	m C 3
Name:	Alex Kurkin, Esq.		<b></b>	98
Office Address:	18851 NE 29th Ave., Suit	e 303	<del></del>	京州 3
	Aventura		_ , Florida	
Registered agent's accep	(Ci	ty)	(Zip code)	
this application, I hereby	accept the appointment as tatutes relative to the prop	registered agent and agre	ne above stated corporation at the control of the c	er agree to comply
		Registered agent's signature)		
8. The name, title or capa	city and address of the pers	on(s) who has/have author	rity to manage is/are:	
1. Brian Cunningham, Ma	•		, <u>g</u>	
			·	<del></del>
- <del></del>		<del></del>		
	f which it is organized, (If bmitted)		cated by the official having custo gn language, a translation of the	
	Uigu.	artic of all matricines acres	,	
This document is executed submitted in a document to	in accordance with section the Department of State con	505.0203 (1) (b), Florida 5 estitutes a third degree felo	Statutes. I am aware that any falso ony as provided for in s.817.155,	information F.S.
	Brian M. Cunningham			

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 "FORT MYERS MM 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-SECOND DAY OF JULY, A.D. 2015.

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

5782748 8300

151080030

. . . . .

Jeffrey W. Bullock, Secretary of State
AUTHENTYCATION: 2580988

DATE: 07-22-15

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