MEDDIB6346

| (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: | | | | | | |
| | | | | | | |
| | | | | | | |
| (H) W5-51389 | | | | | | |

Office Use Only



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07/27/15--01037--019 **320.00



AUG 12 2015 S. YOUNG



FLORIDA DEPARTMENT OF STATE Division of Corporations

July 29, 2015

RACHEL DYER 6070 POPLAR AVENUE STE 600 MEMPHIS, TN 38119

SUBJECT: MCR POMPANO BEACH LLC

Ref. Number: W15000051389



We have received your document for MCR POMPANO BEACH LLC and your check(s) totaling \$320.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Shelia H Young Regulatory Specialist II

Letter Number: 215A00015950

Apperson Crump The Law in Memphis Since 1865

APPERSON CRUMP PLC 6070 Poplar Avenue Sixth Floor Memphis, TN 38119

August 5, 2015

901-756-6300 901-757-1296 fax

www.appersoncrump.com

Foreign LLC Formation Request - Correction

Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314

RE: Application by Foreign Limited LLC for Authorization to Transact Business in Florida

To Whom It May Concern:

The entities listed below have applied to register as foreign limited liability companies and requested a certified copy and a certificate of status for a fee of \$160.00 each. Your department is already in receipt of our original cover letter and application and check totaling \$320.00.

Notably, our application was returned for failure to provide a certificate of existence or good standing dating for the entities below, no more than 90 days prior to the delivery of the application to the Department of State. At your request, we have enclosed recent good standing certificates for the entities below.

- MCR Pompano Beach LLC
- MCR Property Management 6 LLC

Please also find enclosed your letter of notice for filing a correction and a copy of the document/application.

If possible please mail a hard copy of all the requests (certified copy and certificate of status) together at the address listed below (please reference file # 131996-0000) to:

Attn: Rachel Dyer 6070 Poplar Avenue, Suite 600 Memphis, TN 38119

Best Regards,

Rachel Dyer

Rachel Dyer

COVER LETTER

TO: Registration Section

| Div | ision of Corporation | ns | | | | |
|--|---|--|---|---|--------------------|--|
| SUBJECT: | MCR Pompano Bea | ach LLC | | | | |
| SOBJECT, | Name of Limited Liability Company | | | | | |
| | | | | tion to Transact Business in Fl ted liability company to transac | | |
| Please return | all correspondence of | concerning this matter to the | following: | | | |
| | Rachel Dyer | | | | | |
| | | Name of Person | | | | |
| | Apperson Crun | np PLC | | | | |
| Firm/Company | | | | | | |
| | 6070 Poplar Av | venue, Suite 600 | | | | |
| | | Address | | | | |
| | Memphis, Tenr | nessee 38119-3901 | | | 過岸型 | |
| | | City/S | tate and Zip Code | | 福当后 | |
| | rdyer@apperson | • | | | | |
| | | E-mail address: (to be used | d for future annual | report notification) | 13. - - | |
| For further ir | nformation concerning | g this matter, please call: | | | | |
| Rac | chel Dyer | | 901 at (| 2712727 | | |
| | Name o | of Contact Person | Area Code | Daytime Telephone Nur | nber | |
| 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 | | | |
| | a check for the follow \$125.00 Filing Fee | ring amount: ☐ \$130.00 Filing Fee & Certificate of Status | □ \$155.00 Filir Certified Copy | ng Fee & \$160.00 Filing of Status & Certifi | • | |

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: MCR Pompano Beach 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) (Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 152 West 57th Street 46th Floor New York, NY 10019 (Street Address of Principal Office) 152 West 57th Street 46th Floor New York, NY 10019 (Mailing Address) 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) NATIONAL CORPORATE RESEARCH, LTD., INC. Name: 115 North Calhoun St., Suite 4 Office Address: Tallahassee Florida (City) Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent. 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: R. Tyler Morse, Authorized Representative, 152 West 57th Street 46th Floor New York, NY 10019 9. Attached is a 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. (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 This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

Delaware

PAGE 1

The First State

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

DELAWARE, DO HEREBY CERTIFY "MCR POMPANO BEACH 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 SIXTEENTH DAY OF JULY, A.D. 2015.

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 "MCR POMPANO BEACH LLC" WAS FORMED ON THE FIFTEENTH DAY OF JULY, A.D. 2015.

15 JUL 27 MIN 46

5785648 8300

151054550

Jeffrey W. Bullock, Secretary of State

AUTHENT CATION: 2563291

DATE: 07-16-15

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