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(Requestor's Name)					
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(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
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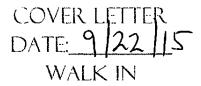
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2015 SEP 22 AM11: 19

K. SALY EXAMINER SEP 23 2015

### SUNSHINE CORPORATE & FILING SERVICES, INC.

3458 Lakeshore Drive Taliahassee, Florida 32312 (850) 656-4724



ENTITY NAME:	MCM	Lakeshore	: Building	Owner, LL
PLEASE	FILE THE A	TTACHED AND	O RETURN:	
	LAIN COPY ERTIFIED (		,	
CHECK AMOUN	.# <u>1938</u> NT: <b>\$/55</b> .	00		
		TINA AT 850-5 n this matter		URTHER
THANK	. YOU SO M	MUCH!		

SUNSHINE CORPORATE & FILING SERVICES, INC.

TINA GOFF, PRESIDENT

#### **COVER LETTER**

TO:	Registration Section
	Division of Corporations

MCM Lakeshore Building Owner, LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all correspondence concerning this matter to the following:

Mukang Cho
Name of Person
Morning Calm Management, LLC
Firm/Company
1641 Worthington Road, Suite 140
Address
West Palm Beach, Florida 33409
City/State and Zip Code
mcho@morning-calm.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Justin T. Starling

...901

543-5721

Name of Contact Person

Area Code

Daytime Telephone Number

**MAILING ADDRESS:** 

ţ

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

Enclosed is a check for the following amount:

□ \$125.00 Filing Fee □ \$130.00 F

☐ \$130.00 Filing Fee & Certificate of Status

■ \$155.00 Filing Fee & Certified Copy

□ \$160.00 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:

I. MCM Lakeshore Building Owner, 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 "L.C.")
<sub>2.</sub> Delaware
(Jurisdiction under the law of which foreign limited liability company is organized)  (FEI number, if applicable)
4
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)
5. 1641 Worthington Road, Suite 140
West Palm Beach, Florida 33409
West Palm Beach, Florida 33409  (Street Address of Principal Office)
(Street Address of Principal Office)  6. 1641 Worthington Road, Suite 140  West Palm Beach, Florida 33409
West Failth Beach, Florida 30400
(Mailing Address)
7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:
MCM Lakeshore MM, LLC, Member
1641 Worthington Road, Suite 140
West Palm Beach, Florida 33409
B. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official naving 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, F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true 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.)
Mukang Cho
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.

ii unavanabi	e, the alternate to be used in the state of Florida is:	ANS SET
2. The name	and the Florida street address of the registered agent and office are:	22 Am
	Mukang Cho	FLOST
	(Name)	
	1641 Worthington Road, Suite 140	-
	Florida Street Address (P.O. Box NOT ACCEPTABLE)	
	West Palm Beach F1 33409	
	City/State/Zip	<b></b>
liability comp registered ag statutes relati	named as registered agent and to accept service of process for the above pany at the place designated in this certificate, I hereby accept the appoint and agree to act in this capacity. I further agree to comply with the ing to the proper and complete performance of my duties, and I am familigations of my position as registered agent as provided for in Chapter of the proper and complete performance of my position as registered agent as provided for in Chapter of the properties of the properties of the above the acceptance of the above the appearance of the above the appearance of the acceptance of the above the appearance of the acceptance of the accep	intment as provisions of all iliar with and

\$ 25.00 Designation of Registered Agent

Certificate of Status (optional)

\$ 30.00 Certified Copy (optional)

\$ 5.00

Page 1

## Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "MCM LAKESHORE BUILDING OWNER, 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-FIRST DAY OF SEPTEMBER, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MCM LAKESHORE BUILDING OWNER, LLC" WAS FORMED ON THE ELEVENTH DAY OF SEPTEMBER, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

2015 SEP 22 AM II: 19
SECRETARY OF STATE

Authentication: 10101567

Date: 09-21-15