

MIS 000010013

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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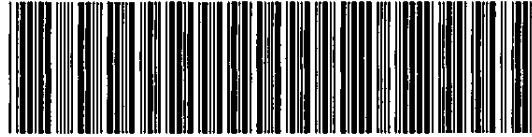
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DEC 15 2015

J SHIVERS

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: MDMS CAPITAL DCI 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:

SHEILA MUZIN

\_\_\_\_\_  
Name of Person

MDMS CAPITAL DCI LLC

\_\_\_\_\_  
Firm/Company

9667 NW 33RD ST

\_\_\_\_\_  
Address

MIAMI, FL 33172

\_\_\_\_\_  
City/State and Zip Code

sheila.muzin@ewcnow.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SHEILA MUZIN

305

392-5085

\_\_\_\_\_  
Name of Contact Person

at (\_\_\_\_\_) \_\_\_\_\_  
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

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☒ \$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:*

1. MDMS CAPITAL DC1 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.")

2. DISTRICT OF COLUMBIA 3. \_\_\_\_\_  
(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. 9667 NW 33RD ST  
MIAMI, FL 33172  
(Street Address of Principal Office)

6. 9667 NW 33RD ST  
MIAMI, FL 33172  
(Mailing Address)

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: SHEILA MUZIN  
Office Address: 9667 NW 33RD ST  
MIAMI, Florida 33172  
(City) (Zip code)

**Registered agent's acceptance:**

*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 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.*

*Sheila Muzin*  
(Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

MUZIN, SHEILA (MGR) 9667 NW 33RD ST MIAMI, FL 33172

MDMS CAPITAL LLC (MBR) 9667 NW 33RD ST MIAMI, FL 33172

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)

*Sheila Muzin*  
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.

SHEILA MUZIN  
Typed or printed name of signee

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DEC 15 AM 9:47  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Initial File #: L00005288843

**GOVERNMENT OF THE DISTRICT OF COLUMBIA**  
DEPARTMENT OF CONSUMER AND REGULATORY AFFAIRS  
CORPORATIONS DIVISION



**CERTIFICATE**

**THIS IS TO CERTIFY** that all applicable provisions of the District of Columbia Business Organizations Code have been complied with and accordingly, this **CERTIFICATE OF ORGANIZATION** is hereby issued to:

MDMS Capital DC1 LLC

**Effective Date:** 10/8/2015

**IN WITNESS WHEREOF I** have hereunto set my hand and caused the seal of this office to be affixed as of 11/2/2015 10:02 AM

FILED  
15 DEC 15 AM 9:47  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Business and Professional Licensing Administration



PATRICIA E. GRAYS  
Superintendent of Corporations  
Corporations Division

Muriel Bowser  
Mayor

Tracking #: jq1FP5v7



DEPARTMENT OF CONSUMER & REGULATORY AFFAIRS

**District of Columbia Government**

Corporations Division

**Articles of Organization for Domestic Limited Liability Company**

One or more persons acting as the organizers under the provisions of the Title 29 of D.C. Code (Business Organizations Act) adopt the following Articles of Organization:

**First:** Company name:

MDMS Capital DC1 LLC

**Second:** The street address of the initial principal office:

9667 NW 33RD ST  
MIAMI, Florida 33172

**Third:** Registered agent's name and address in the District of Columbia:

REGISTERED AGENTS INC.  
1150 Connecticut Ave, NW  
Suite 900  
Washington, District of Columbia 20036

**Fourth:** The company will have one or more series that is treated as a separate entity which limits the debts, obligations, and other liabilities to the assets of a particular series as provided in the operating agreement as authorized by § 29-802.06: No

Answer 4A & 4B if answered "Yes"

**Fourth A:** The limited liability company has at least one member: Yes

**Fourth B:** The date on which a person or persons became the company's initial member or members: 10/8/2015

**Fifth:** Effective Date: 10/8/2015

**Sixth:** Miscellaneous Provisions:

**Seventh:** Organizers Name & Address:

Name	Address
MDMS CAPITAL LLC	9667 NW 33RD ST, MIAMI, Florida 33172

**Eighth:** Organizers executing this form:

No information provided.

If you sign this form you agree that anyone who makes a false statement can be punished by criminal penalties of a fine up to \$1000, imprisonment up to 180 days, or both, under DCOC § 22-2405;

**Amount Paid:** \$320.00

**Date:** 11/2/2015 10:02 AM

**E-Signed**