MIW00003922

(Re	equestor's Name)					
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Certified Copies	_ Certificates	s of Status				
Special Instructions to						
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FLORIDA DEPARTMENT OF STATE Division of Corporations

May 5, 2016

CATHERINE DANIELS 1200 NORTH FEDERAL HIGHWAY, SUITE 200 BOCA RATON, FL 33432

SUBJECT: MND, LLC

Ref. Number: W16000032756

SECRETARY OF STATE

We have received your document for MND, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please list the complete principal office address.

The alternate name that you have chosen is not available. Please select a new name.

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.

Dionne M Scott Regulatory Specialist II

Letter Number: 216A00009325

TO:		gistration Section dision of Corporation	ns					ۿ	
SUBJ	ECT:	MND PROPERTIE	S, LLC						
5020			Name of Limited Liability Company					•	
The en	closed nce, an	i "Application by For ad check are submitte	reign Limited Liability Con d to register the above refe	npany i	for Authoriz I foreign lim	ation to Ti ited liabili	ansact Business in Florida," ly company to transact busin	Certif	icate of Florida
Please.	return	all correspondence of	concerning this matter to the	e follo	wing:				
		CATHERINE	DANIELS						
			ı	Vame o	of Person				
				_			TA	=	
			I	Firm/C	ompany		CRE	=	
		1200 NORTH	FEDERAL HIGHWAY,	SUITE	200		HASS.	HM 13	=
				Ad	dress		mo		
		BOCA RATOR	N, FLORIDA 33432				FLOR		•
			City/	State a	nd Zip Code		Ų.	5	
			E-mail address: (to be use	d for	iuture annua	report no	tification)		
For fur	ther ir	nformation concerning	g this matter, please call:						
	CA	THERINE DANIEL	S	at (561	210-83	06		
		Name o	f Contact Person	at 1	Area Code	Da	ytime Telephone Number		
	Divi Reg P.O	ILING ADDRESS: sion of Corporations istration Section . Box 6327 ahassee, FL 32314				Division Registrat Clifton E 2661 Exc	of Corporations ion Section suilding ecutive Center Circle see, FL 32301		
Enclose		check for the follow	_		P155 AA 1222.	na Ean A		wif	la.
	□ 3	125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status		\$155.00 Filin rtified Copy	ng ree og	☐ \$160.00 Filing Fee, Co of Status & Certified Cop		ic

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 POREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

MND PROPERTIES, I						
	eign Limited Liability Company; must include "L	imited Liability Company," "L.L.C.," or	"LLC.")			
MND GROUP, LLC						
(If name unavailable, enter al Liability Company," "L.L.C,"	Iternate name adopted for the purpose of transacti " or "LLC.")	ng business in Florida. The alternate nar	ne must inch	ude "L	imited	
, DELAWARE						
(Jurisdiction under the law company is organized)	of which foreign limited liability	(FEI number, if applicable)			
4	(Date first transacted business in Florida	if prior to registration	_			
au a a	(Date first transacted business in Florida (See sections 605.0904 & 605.0905, F.S. to	determine penalty liability)				
5. <u>4428 LI</u>	AKE SERENA URIVE		_			÷
BOCA A	(Street Address of Principal Off	ce)	- TAI	16		= .
6. 9428 2	LAKE Serena DRII	•	E SE	==		
BOCA	RATON F/ 3 349	(0				•
UUCH	(Mailing Address)		- XX	$\bar{\omega}$		
7. Name and street address	s of Florida registered agent: (P.O. Box NC	T acceptable)	アグ	33	O	
Name:	CATHERINE DANIELS			, -		
Office Address:	1200 NORTH FEDERAL HIGHWAY, SU	TTE 200		∾		
	BOCA RATON,	Florida 33432				
Registered agent's accept	(City)	(Zip code)	_			
Having been named as reg designated in this applicat to complywith the provision accept the obligations of n	gistered agent and to accept service of procession, I hereby accept the appointment as regions of all statutes relative to the proper and my position as registered agent.' (Registered agent 8 2)	istered agent and agree to act in the complete performance of my duties ignature)	is capacity.	I fur	ther a	gree
8. The name, title or capa CATHERINE DE FINI, M	city and address of the person(s) who has/har IGRM	ve authority to manage is/are:				
1200 NORTH FEDERAL	HIGHWAY, SUITE 200					
BOCA RATON, FL. 334	32					
jurisdiction under the law of the translator must be su	of existence, no more than 90 days old, duly of which it is organized. (If the certificate is is is is is is is in accordance with section 605.0203 (1) (b),	n a foreign language, a translation of	f the certific	cate ur	nder oa	
submitted in a document to	the Department of State constitutes a third de	egree felony as provided for in s.817.	.155, F.S.	4 12 (10)	1	

Typed or printed name of signee

CATHERINE DE FINI

<u>Delaware</u>

Page 1

The First State

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

DELAWARE, DO HEREBY CERTIFY "MND PROPERTIES, 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-EIGHTH DAY OF APRIL, A.D. 2016.

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

16 NAY 13 M 8:42
SECRETARY OF STATE
TALLAHASSEE FLODINA

at corp.delaware.gov/aut

Authentication: 202226802

Date: 04-28-16

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SR# 20162605809