

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : FLAGLER DEVELOPMENT GROUP, LLC

Account Number : I20020000144 Phone

Fax Number

: (305)520~2344 : (305)520-2400

Enter the email address for this business entity to be used for Future annual report mailings. Enter only one email address please.

Email Address:

Foreign Limited Liability Company 2MC Office LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

, From:

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: 2MC Office 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:
Jessica Perez
Name of Person
Florida East Coast Industries, LLC
Firm/Company
2855 Le Jeune Rd., 4th Floor
Address
Coral Gables, FL 33134
City/State and Zip Code
jessica.perez@feci.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Jessica Perez 305 520-2366
Name of Contact Person 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: Solution Status Status

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. 2MC Office 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.L.C,"
_{2.} Delaware _{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.} 2855 Le Jeune Rd., 4th Floor
Coral Gables, FL 33134
(Street Address of Principal Office)
6. 2855 Le Jeune Rd., 4th Floor
Coral Gables, FL 33134
(Mailing Address)
7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:
P. Michael Reininger (P); Vincent Signorello (VP); Michael Bradtsh (SP);
Kolleen Cobb (VP, S); Juan (Rusty) Godoy (VP, T, AS);
Heather Enderby (VP, CFO)
8. Attached is an original 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. (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 tram 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.)
Kolleen O.P. Cobb. Vice President

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.

1. 7	The name	of the	Limited	Liability	Company	/ is:
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2MC Office LLC

If unavailable, the alternate to be used in the state of Florida is:

2. The name and the Florida street address of the registered agent and office are:

Kolleen O.P. C	Cobb		
	(Name)	<i>≥</i> 6. •	
2855 Le Jeune	e Rd., 4th Floor	16 JUI	روي س
Florida Street Address (P.O. Box NOT ACCEPTABLE)		HASSAII	A Part Hay o
Coral Gables	33134 FL		
	City/State/Zip	S IVA	

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 certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, Florida Statutes.

(pignature)

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

#390 P.005/005

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "2MC OFFICE 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 THIRD DAY OF JUNE, A.D. 2016.

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

6025618 8300 SR# 20164295271

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

Jeffrey W. Sturlock. Secretary of Biste

Authentication: 202431465

Date: 06-03-16