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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA00000023

Phone : (850)205-8842 Fax Number : (850)878-5368

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Foreign Limited Liability Company MDH Propco 2015-B, LLC

Certificate of Status	0
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Estimated Charge	\$125.00

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Help

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

COMPANY TO TRANSACT B	USINESS IN THE STATE OF FLORIDA:	FOLLOWING IS SUBMITTED TO REGISTER A T	POREIGN LIMITED LIABILITY
I. MDH PROPCO 2015	B, LLC		
(Name of For	reign Limited Liability Company; must incl	ude "Limited Llability Company," "L.L.C.," or	'LLC.')
(If name unavailable, enter a	alternate name adopted for the purpose of tra	ensecting business in Florida. The alternate name	e must include "Limited
2. Delaware	· · · · · · · · · · · · · · · · · · ·		
(Jurisdiction under the law company is organized)	of which foreign limited liability	(FEI number, if applicable)	•
4			
	(Date first transacted business in F (See sections 605.0904 & 605.0905,	F.S. to determine penalty liability)	- س
5, 3715 Northside Parkw	ay NW, Bidg. 400, Suite 240, Atlanta (GA 30327	≥A 5
		,	58 2
· · · · · · · · · · · · · · · · · · ·	(Street Address of Princip	al Office)	
3715 Northside Parkwi	ay NW, Bidg, 400, Suito 240, Atlanta C		SS: 21
U		· · · · · · · · · · · · · · · · · · ·	
,	(Mailing Addres		
	•		<u> </u>
7. Name and street address	ss of Florida registered agent: (P.O. Bo	x NOT acceptable)	\$ 5 m 5
Name:	C T Corporation System		
Office Address:	1200 South Pine Island Road		
	Plantation	Florida 33324	
•	(City)	, Florida 33324 (Zip code)	
this application, I hereby with the provisions of all s	gistered agent and to accept service of accept the appointment as registered a statutes relative to the proper and comption as pogistered agent. Corporate Y. A. A. Corporate	process for the above stated corporation of gent and agree to act in this capacity. If a plete performance of my dutles, and I am tion System Lisa D. DuBois, Assist. Sec.	irther agree to comply
			`
8. The name, title or caps MDH Atlantic Holdco 2, 1	city and address of the person(s) who h LLC, Manager	as/have authority to manage is/are;	· · · · · · · · · · · · · · · · · · ·
c/o MDH Capital, LLC,	3715 Northside Parkway, Building 400,	, Suite 240	
	Atlanta, OA 30327		
	of which it is organized. (If the certificate	duly authenticated by the official having cute is in a foreign language, a translation of the official person	
70. f			

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.

Michael Herman, CFO&Scoretary of MDH Atlantic Holdco 2, LLC, its Manage

Typed or printed name of signee

Delaware The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "MDH PROPCO 2015-B, 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-SEVENTH DAY OF JUNE, A.D. 2016.

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

SCONGLAGE OF SLAGGE

5881444 8300 SR# 20164658766

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

JETTER W. Bustices, Secretary of Sides

Authentication: 202563373

Date: 06-27-16