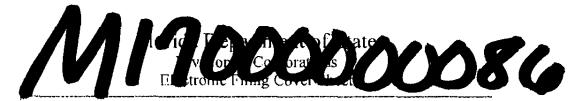
11/10



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H17000001893 3)))



H170000018933ABC\$

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet,

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (614)280-3333 ; (954)208-0845 Fax Number

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 MDH Miami SSIP, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

O SIMMONS 1 HAN 05 2017

Electronic Filing Menu Corporate Filing Menu

1/3/2017

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

IN COMPLIANCE WITH SECTION 605,0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

•	ign Limited Liability Company; must include "I	Limited Liability Company," "L.L.C.," or "LLC.") - • •
f name unavailable, enter all ability Company," "L.L.C,"		ting business in Florida. The alternate name must	include "Limited
Delaware	_		
(Jurisdiction under the law company is organized)	of which foreign limited liability	(FEI number, if applicable)	
	(Date first transacted business in Florida (Son sections 605.0904 & 605.0905, F.S. t	a, if prior to registration.) to determine penalty liability)	55°
3715 Northside Parkwe	ay, Building 400, Suite 240		
Atlanta	Georgia	30327	TOW-1 PE
	(Street Address of Principal Of	ffice)	
3715 Northside Parkwa	y, Building 400, Suite 240	·	
Atlanta	Georgia	30327	* 3
	(Mailing Address)		· · · · · ·
Management of states	g of Florida registered agent: (P.O. Box N	IOT accentable)	
Manie and street addict		101 acceptable)	77
Name:	C T Corporation System		
Office Address:	1200 South Pine Island Road		
011101111111111111111111111111111111111			•
	Plantation	33324	
egistered agent's accept	Plantation (City)	, Piorida 33324 (Zip code)	mnany at the place
aving been named as resisting the desired in this application of the provision of the provi	(City) tunce: gistered agent and to accept service of pro tion, I hereby accept the appointment as re ons of all statutes relative to the proper and my position by registered apont. G T Copports on System	(Zip code) seess for the above stated limited Rublity con egistered agent and agree to act in this capa d complete performance of my duties, and i	city. I further agre
aving been named as resisting the desired in this application of the provision of the provi	(City) tunce: gistered agent and to accept service of pro tion, I hereby accept the appointment as re ons of all statutes relative to the proper and my position by registered apont. G T Copports on System	(Zip code) seess for the above stated limited Rublity con egistered agent and agree to act in this capa d complete performance of my duties, and i	city. I further agre
aving been named as resignated in this applicate complywith the provision of the provision of the second se	(City) tonce: gistered agent and to accept service of pro tion, I hereby accept the appointment as re ons of all statutes relative to the proper and my position by registered agent, G.T. Coporation System (Registered agent)	(Zip code) cess for the above stated limited Rublity conegistered agent and agree to act in this capa d complete performance of my duties, and lessionates.	city. I further agre
aving been named as resignated in this application of the provision of the pame, title or capa	(City) tunce: gistered agent and to accept service of pro tion, I hereby accept the appointment as re ons of all statutes relative to the proper and my position by registered apont. G T Copports on System	(Zip code) cess for the above stated limited Rublity conegistered agent and agree to act in this capa d complete performance of my duties, and lessionates.	city. I further agre
aving been named as resignated in this application provised the provised Secretary Sec	(City) tonce: gistered agent and to accept service of pro tion, I hereby accept the appointment as re ons of all statutes relative to the proper and my position by registered agent. C. T. Coporation System (Registered agent) acity and address of the person(s) who has/h	(Zip code) cess for the above stated limited Rublity conegistered agent and agree to act in this capa d complete performance of my duties, and less ignators) signators	city. I further agre
aving been named as resignated in this application provised the provised Secretary Sec	(City) tance: gistered agent and to accept service of pro tion, I hereby accept the appointment as re ons of all statutes relative to the proper an my position as registered agent, C T Coporation System (Registered agent's	(Zip code) cess for the above stated limited Rublity conegistered agent and agree to act in this capa d complete performance of my duties, and less ignators) signators	city. I further agre
aving been named as resignated in this application position positi	(City) tonce: gistered agent and to accept service of pro tion, I hereby accept the appointment as re ons of all statutes relative to the proper and my position by registered agent. C. T. Coporation System (Registered agent) acity and address of the person(s) who has/h	(Zip code) cess for the above stated limited Rublity conegistered agent and agree to act in this capa d complete performance of my duties, and less ignators) signators	city. I further agre
esignated in this applicate complywith the provision of t	(City) tonce: gistered agent and to accept service of pro stion. I hereby accept the appointment as re ons of all statutes relative to the proper and my position as registered agent. G. T. Co portion System (Registered agent) actity and address of the person(s) who has/h LLC, sole Member and Manager 3715 Northside Parkway, Building 400, Su of existence, no more than 90 days old, du of which it is organized. (If the certificate in	(Zip code) cess for the above stated limited Rublity conegistered agent and agree to act in this capa d complete performance of my duties, and less ignators) signators	city. I further agre am familiar with a y of records in the
aving been named as resignated in this applicate complywith the provision of the provision	(City) tonce: gistered agent and to accept service of pro tion, I hereby accept the appointment as re ons of all statutes relative to the proper and my position dy registered agent. C.T. Coporation System (Registered agent's acity and address of the person(s) who has/h LLC, sole Member and Manager 3715 Northside Parkway, Building 400, Su of existence, no more than 90 days old, du of which it is organized. (If the certificate is ubmitted)	(Zip code) access for the above stated limited liability consegnated agent and agree to act in this capa d complete performance of my duties, and it is signatore) a signatore) mave authority to manage is/are: uite 240 by authenticated by the official having custed in a foreign language, a translation of the column.	city. I further agre am familiar with a y of records in the
aving been named as re- signated in this application provision of the prov	(City) tonce: gistered agent and to accept service of pro stion, I hereby accept the appointment as re ons of all statutes relative to the proper and my position as registered agent. G. T. Corporation System (Registered agent) actity and address of the person(s) who has/h LLC, sole Member and Manager 3715 Northside Parkway, Building 400, Su of existence, no more than 90 days old, dul of which it is organized. (If the certificate in ubmitted) Signature of an author	(Zip code) access for the above stated limited liability consegnment and agree to act in this capa d complete performance of my duties, and it is ignature) a signature) mave authority to manage is/are: atte 240 by authenticated by the official having custed as in a foreign language, a translation of the consequence of the consequ	city. I further agre am familiar with a
aving been named as resignated in this applicate complywith the provision of the provision of the provision of the name, title or caps (DH Atlantic Holdco 3, to MDH Capital, LLC, Attached is a certificate risdiction under the law the translator must be so	(City) tance: gistered agent and to accept service of pro- tion, I hereby accept the appointment as re- ons of all statutes relative to the proper an- my position dy registered agent. C.T. Colporation System (Registered agent's acity and address of the person(s) who has/h LLC, sole Member and Manager 3715 Northside Parkway, Building 400, Su of existence, no more than 90 days old, dul of which it is organized. (If the certificate is ubmitted) Signature of an autik in accordance with section 605,0203 (1) (it	(Zip code) access for the above stated limited liability consegnated agent and agree to act in this capa d complete performance of my duties, and it is signatore) a signatore) mave authority to manage is/are: uite 240 by authenticated by the official having custed in a foreign language, a translation of the column.	city. I further agree am familiar with a

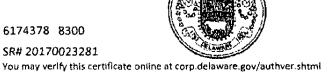


Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MDH MIAMI SSIP, 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 JANUARY, A.D. 2017.

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

1,334



Authentication: 201807053

Date: 01-03-17

6174378 8300

SR# 20170023281