

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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.

(((H170000461163)))



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: FCA000030023
Phone: (614)280-3338
Fax Number: (954)208-0845

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 MCRT FUND II MANAGER LLC

1	- ````			> T		
<u> </u>	<u> </u>			<u> </u>	#=	
Ω.				S	Ö	
~	: «<			٠	Ų	
-	÷ <u>c</u>) L	in a	~~	111
		Estimated Charge	\$125.00	4.2	د۔	}
<u> </u>	_	Page Count	04	1,5		10077
Ÿ	i ä	Certified Copy	0	113	į	1 3
rt.			<u> </u>	- ;- ;	=:.	 ;
163	<u> </u>	Certificate of Status	1 0		€;	

Electronic Filing Menu Corporate Filing Menu

Help

7

S Warren

FEB 2 0 2017

* * * * * * * * *

344

COVER LETTER

	gistration Section vision of Corporations					
SUBJECT:	MCRT Fund II Manager LLC					
SICIDATISCS I	Name of Limited Liability Company					
The enclose Existence, a	ed "Application by Foreign Limited Liability Compand check are submitted to register the above refere	oany for Authorization to meed foreign limited liab	Transact Business in Florida," Certificate of ility company to transact business in Florida			
Please retur	n all correspondence concerning this matter to the	following:				
	Charlotte E. Wolverton, Paralegal					
	N _i	ame of Person	- · · · · · · · · · · · · · · · · · · ·			
	Jones Day					
	Firm/Company					
	2727 N. Harwood Street					
	Address					
	Dallas, Texas 75201					
	City/State and Zip Code					
	tmbratney@mortrust.com					
	E-mail address: (to be use	d for future annual report	notification)			
For further	information concerning this matter, please call					
	Charlotte E. Wolverton, Paralegal		0-4567			
_	Name of Contact Person	Area Code	Daytime Telephone Number			
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314		Divis Regis Clifte 2661	EET ADDRESS: ion of Corporations stration Section in Building Executive Center Circle hassee, I/L 32301			
	s a check for the following amount: \$125.00 Filing Fee	☐ \$155,00 Filing Fee Certified Copy	& S160 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 FLIMITED LIABILITY COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA: MCRT Fund II Manager 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.") Delaware (Jurisdiction under the law of which foreign limited liability company is organized) Upon registration (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 2001 Bryan Street, Suite 3275, Dailas, Texas 75201 (Street Address of Principal Office) 2001 Bryan Street, Suite 3275, Dallas, Texas 75201 (Mailing Address) 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) C T Corporation System · Name: 1200 South Pine Island Road Office Address: Florida _33324 Plantation (City) 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 complywith 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. CT Comporation System Chris Rickard (Registered agent's signature) 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: MCRT Operating Company LLC, Sole Member, 2001 Bryan Street, Suite 3275, Dallas, Texas 75201 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 contificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted) 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. Patricia McBratney, Chief Administrative Officer

Typed or printed name of signec

Delaware The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "MCRT FUND II MANAGER 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 THIRTEENTH DAY OF FEBRUARY, A.D. 2017.

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

Authentication: 202030176

Date: 02-13-17