

M17 00000 3869

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

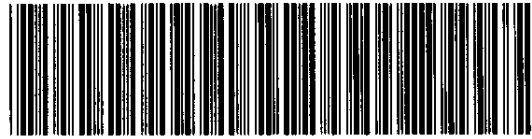
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2017 MAY -5 AM 8:45
SECRETARY OF STATE
TALLAHASSEE FLORIDA
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DEPARTMENT OF STATE
17 MAY -5 AM 9:59

MAY 08 2017
J. HARRIS

Incorporating Services, Ltd.

3500 S DuPont Highway
Dover, DE 19901
302.531.0855
Fax: 302.531.3150
www.Incserv.com
e-mail: info@incserv.com



ORDER FORM

TO: Florida Department of State
Division of Corporations, Clifton
Building
2661 Executive Center Circle
Tallahassee, FL 32301
corphelp@dofl.com
850-245-6051

FROM: Melissa Stops
mstops@incserv.com
850.656.7953

REQUEST DATE: 5/5/2017

PRIORITY: Regular Approval

OUR REF.# (Order ID#): 574215

ORDER ENTITY:
CDOR MCO VILLAGE, LLC

PLEASE PERFORM THE FOLLOWING SERVICES:
CDOR MCO VILLAGE, LLC (FL)

File the attached foreign qualification document

NOTES:
\$125.00 Authorized
Email for annual report reminders: PMORLAND@TRUSTCONDOR.COM

RETURN/FORWARDING INSTRUCTIONS:
ACCOUNT NUMBER: FCA000000031

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

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. CDOR MCO VILLAGE, 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.")

2. DELAWARE
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 52-1889549
(FEI number, if applicable)

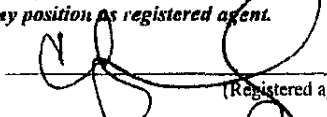
4. MAY 1, 2017
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 1800 W PASEWALK AVENUE, SUITE 200
NORFOLK, NE 68701
(Street Address of Principal Office)

6. 1800 W PASEWALK AVENUE, SUITE 200
NORFOLK, NE 68701
(Mailing Address)

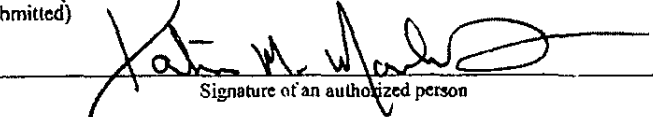
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
Name: CORPORATION SERVICE COMPANY
Office Address: 1201 HAYS STREET
TALLAHASSEE, Florida 32301
(City) (Zip code)

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 comply with 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.


Chelsey Martine
Asst Vice President
(Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:
J. WILLIAM BLACKHAM, MANAGER, 1800 W PASEWALK AVENUE, SUITE 200, NORFOLK, NE 68701
JONATHAN J. GANTT, MANAGER, 1800 W PASEWALK AVENUE, SUITE 200, NORFOLK, NE 68701
LAUREN E. GREEN, MANAGER, 1800 W PASEWALK AVENUE, SUITE 200, NORFOLK, NE 68701

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 certificate 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 M. MORLAND
Typed or printed name of signer

FILED
2017 MAY -5 AM 8:45
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Delaware

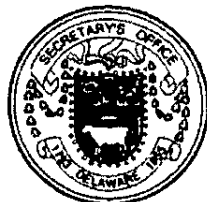
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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CDOR MCO VILLAGE, 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 FIRST DAY OF MAY, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CDOR MCO VILLAGE, LLC" WAS FORMED ON THE FIRST DAY OF MAY, A.D. 2017.

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



6397576 8300

SR# 20172956675

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


Jeffrey W. Bullock, Secretary of State

Authentication: 202465297

Date: 05-01-17