Florida Department of State

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## Foreign Limited Liability Company MREF I Manager, LLC

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HelpMAY 1 8 2017

## 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 UABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: MREF I Manager, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") (If name unavailable, rater alternate name adopted for the purpose of transacting business in Florida. The alternate pame naist include "Limited Libbility Company," "L.L.C," or "LLC.") 2.Delaware (FEI number, if applicable) (fursidiction under the law of which foreign limited liability company is organized) (Date first (ransacted business in Florida, it prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty hability) 6. 1515 N. Federal Highway, Suite 300 1515 N. Federal Highway, Suite 300 (Street Address of Principal Office) (Mailing Address) Boca Raton, FL 33432 Boca Raton, FL 33432 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Barry Schwarzberg Name: 1515 N. Federal Highway, Suite 300 Office Address: Florida 33432 Boca Raton Having been named as registered agent and to accept service of process for the above stated limited liability company at maplace designated in this application. I beach accept the service of process for the above stated limited liability company at maplace Registered agent's acceptance: 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. Natasha Duke, Special Secretary (Registered agons's signature) 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Name and Address: Title or Capacity: Title or Capacity: Name and Address: Manager Barry Schwarzberg 1515 N. Federal Highway, Suite 30 Boca Raton, FL 33432 (Use attachments if necessary) 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 authorised person

10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information

Typed or printed name of signer

submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Savannah Montalban, Attorney-in-Fact

## Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "MREF I 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 SIXTEENTH DAY OF MAY, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MREF I MANAGER, LLC" WAS FORMED ON THE SECOND DAY OF FEBRUARY, A.D. 2016.

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

O.

Authentication: 202549976

Date: 05-16-17