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CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195 REFERENCE : 771233 4303929 AUTHORIZATION () COST LIMIT : \$ 155.00 ORDER DATE: August 15, 2017 ORDER TIME : 3:32 PM ORDER NO. : 771233-005 CUSTOMER NO: 4303929 FOREIGN FILINGS NAME: MWC BLOCK E, LLC XXXX QUALIFICATION (TYPE: LL) PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: XX ___ CERTIFIED COPY PLAIN STAMPED COPY ____ CERTIFICATE OF GOOD STANDING

EXAMINER:

CONTACT PERSON: Roxanne Turner -- EXT# 62969

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

IN COMPLIANCE WITH SECTION 603.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY. COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

	USINESS IN THE STATE OF FLORIDA:	
I. MWC BLOCK E, LLC		
no 110 omen)	reign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")	
Liability Company," "L.L.C,"	alternate name adopted for the purpose of transacting business in Florida. The alternate name must in," or "LLC.")	sclude "Limited
2. DELAWARE	3. APPLIED FOR	
(Jurisdiction under the law company is organized)	of which foreign limited liability (FEI number, if applicable)	-
4. UPON FILING OF TH		
	(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)	
5. 1 TOWN CENTER RO	OAD, STE 600	
BOCA RATON, FLOR	RIDA 33486	
 	(Street Address of Principal Office)	<u> </u>
6. I TOWN CENTER RO	OAD, STE 600	7-
BOCA RATON, FLO	PRIDA 33486	AUG 15
	(Mailing Address)	of 5
7. Name and street address	ss of Florida registered agent: (P.O. Box <u>NOT</u> acceptable)	CONT.
Name:	CORPORATION SERVICE COMPANY	9.
Office Address:	1201 HAYS STREET	17 AUG 15 AM 9: 16
	TALLAHASSEE, Floride 32301	2 . –
	(City) (Zip code)	
Registered agent's accept Having been named as re-	stance: egistered agent and to accept service of process for the above stated limited liability com	name at the place
designated in this applicat	tilon, I hereby accept the appointment as registered agent and agree to act in this capaci	lty. I further agree
	ions of all statutes relative to the proper and complete performance of my duties, and I a my position as registered agent. Matiento	-
	D. IVICIISSA	
·	(Registered agess) attendure) Asst. Vice	President
1 The name title or cans	acity and address of the person(s) who has/have authority to manage is/are:	
•	AGER, INC Sole Member	
I TOWN CENTER ROAL		-
BOCA RATON, FLORID		-
		-
 Attached is a certificate jurisdiction under the law of the translator must be su 	of existence, no more than 90 days old, duly authenticated by the official having custody of which it is organized. (If the certificate is in a foreign language, a translation of the certificate) [Signature of assemborized person]	of records in the ificate under oath
This document is executed	in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false inf	formation
submitted in a document to	the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.	
	Nitin Metwani, Managing Director	
	Typed or printed name of signee	

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

DELAWARE, DO HEREBY CERTIFY "MWC BLOCK E, 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 FIFTEENTH DAY OF AUGUST, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MWC BLOCK E, LLC" WAS FORMED ON THE ELEVENTH DAY OF AUGUST, A.D. 2017.

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

Authentication: 203061966

Date: 08-15-17

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