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(R	equestor's Name)				
(Address)					
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PICK-UP	WAIT MAIL				
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2017 AUG 16 AM 9: 47

K. SALY

AUG 17 2017

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE : 773132 4311639

AUTHORIZATION

COST LIMIT

ORDER DATE: August 16, 2017

ORDER TIME : 3:33 PM

ORDER NO. : 773132-005

CUSTOMER NO: 4311639

FOREIGN FILINGS

NAME: MRBK OSCEOLA DEVELOPMENT, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

__ CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner -- EXT# 62969

EXAMINER: _____

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

IN COMPILANCE WITH SECTION 605.0002, FLORIDA STATUTEN, THE FOLLOWING IN SUBMITTED TO REGISTER A FOREIGN TAMITED LABILITY COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

COMPANTTO TRANSACT BU	SINESS IN THE STATE OF FLORIDA			
	DEVELOPMENT, LLC			
(Name of Fore	ign Limited Liability Company: must inc	flude "Limited Lial	bility Company," "L.L.C.," or "	LLC.")
(If name unavailable, enter al Liability Company," "L.L.C."	ternate name adopted for the purpose of t	transacting husines	s in Florida. The alternate name	must include "Limited
, Delaware		3. Applied For		
(Jurisdiction under the law- company is organized)	of which foreign limited liability	···	(FEI number, if applicable)	
4. Upon Filing				
	(Date first transacted business in (See sections 605.0904 & 605.0905	: Florida, if prior to 5, F,S, to determine	registration.) e penalty liability)	
5. 2506 Ponce De Leon B	Boulevard			701
Coral Gables, Florida 3	33134			ZUITAUG 16
	(Street Address of Princ	ripal Office)		
6. 2506 Ponce De Leon B	oulevard	. <u>.</u>		55.7
Coral Gables, Florida 3	33134			198 美
	(Mailing Addr	(CSS)		10 J
7. Name and street address	ss of Florida registered agent: (P.O. B	Box <u>NOT</u> accept	able)	
Name:	Corporation Service Company		_	***
Office Address:	1201 Hays Street			
•	Tallahassee		, Florida 32301 (Zip code)	
	(City)		(Zip code)	
designated in this applica to complywith the provision	rgistered agent and to accept service of the appointment ons of all statutes relative to the property position as registered agent.	nt as registered a	gent and agree to act in this performance of my duties. Emily Croft	capacity. I further agree and I am familiar with and
8. The name, title or capa	acity and address of the person(s) who	o has/have author	rity to manage is/are:	
MRBK, LLC, Manager -	2506 Ponce De Leon Boulevard, Con	al Gables, Florid	a 33134	
jurisdiction under the law of the translator must be s	of existence, no more than 90 days of which it is organized. (If the certification of the cer	ficate is in a forei	gn language, a translation of	ustody of records in the the certificate under oath
	Signature of a	m authorized perso	n	
	d in accordance with section 605,0203 or the Department of State constitutes a			

Jonathan R. Borden, Authorized Person

Typed or printed name of signce



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

DELAWARE, DO HEREBY CERTIFY "MRBK OSCEOLA DEVELOPMENT, 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 AUGUST, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MRBK OSCEOLA DEVELOPMENT, LLC" WAS FORMED ON THE FIFTEENTH DAY OF AUGUST, A.D. 2017.

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





Authentication: 203066690

Date: 08-16-17