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| (R | equestor's Name) | | | | | | |
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| (A | ddress) | | | | | | |
| (A) | ddress) | | | | | | |
| (C | ity/State/Zip/Phone #) | | | | | | |
| PICK-UP | WAIT MAIL | | | | | | |
| (Business Entity Name) | | | | | | | |
| (Document Number) | | | | | | | |
| Certified Copies | Certificates of Status | | | | | | |
| Special Instructions to Filing Officer: | | | | | | | |
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Office Use Only



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K. SALY SEP 2 6 2017 CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 833109 5165575

AUTHORIZATION : 1

COST LIMIT : \$\langle 125.00

ORDER DATE: September 25, 2017

ORDER TIME : 11:55 AM

ORDER NO. : 833109-005

CUSTOMER NO: 5165575

FOREIGN FILINGS

NAME: MAHI HOLDINGS, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XXX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner -- EXT# 62969

EXAMINER:

COVER LETTER

| TO: | | ration Section on of Corporation | 18 | | | | | |
|--|----------------------|--|---|---|---|---|--|--|
| SUBJE | | Mahi Holdings, LLC | | | | | | |
| Name of Limited Liability Company | | | | | | | | |
| The enc Existens | losed "A | Application by For theck are submitte | eign Limited Liability Comp d to register the above refere | any for Authorizat need foreign limite | ion to Tra ed liability | nsact Business in Florida." Certificate of company to transact business in Florida. | | |
| Please r | eturn ali | correspondence o | oncerning this matter to the i | following: | | | | |
| | | Daniel L. Lampert, Esq. | | | | | | |
| Name of Person | | | | | | | | |
| | Berger Singerman LLP | | | | | | | |
| Firm/Company | | | | | | | | |
| 1450 Brickell Avenue, Suite 1900 | | | | | | | | |
| Address | | | | | | | | |
| Miami, Florida 33131 | | | | | | | | |
| City/State and Zip Code | | | | | | | | |
| legal035@gmail.com | | | | | | | | |
| E-mail address: (to be used for future annual report notification) | | | | | | | | |
| For furt | ther info | rmation concernin | g this matter, please call: | | | | | |
| | Daniel L. Lampert | | 305 at (| 714-438 | RO | | | |
| | | Name o | of Contact Person | Area Code | Day | time Telephone Number | | |
| MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314 | | | STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 | | | | | |
| Enclosed is a check for the following amount: \$\sim\$ \$125.00 Filing Fec \$\sim\$ \$\$130.00 Filing Fec & Certificate of Status | | | | | ☐ \$160.00 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 TIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: Mahi Holdings, LLC (Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," or "LLC.") Ill name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must metuce "Limited Liability Company," "LLC," or "LLC.") Delaware (furnishetion under the law of which foreign limited hability company is organized) upon filing (Date first transacted business in Florida, if prior to registration.) (See sections 605 0904 & 605,0905, F.S. to determine penalty liability) 1450 Brickell Avenue, Suite 1900 1450 Brickell Avenue, Suite 1900 (Street Address of Principal Office) (Mailing Address) Miami, Florida 3313: Miami, Florida 33131 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Corporation Service Company Name: 1201 Hays Street Office Address: Tallahassee , Florida 32301 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. Componention Service Company 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Title or Capacity: Name and Address: Title or Capacity: Name and Address: Daniel Lampert Manager 1450 Brickell Avenue. St 190 Miami, Florida 33131 (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) 10. 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. /Daniel Lampert/ Signature of an authorized person

Typed or printed name of supper

Daniel Lampert

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "MAHI HOLDINGS, 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 TWENTY-FIFTH DAY OF SEPTEMBER, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MAHI HOLDINGS, LLC" WAS FORMED ON THE FIRST DAY OF AUGUST, A.D. 2017.

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





6498457 8300 SR# 20176312401 Authentication: 203282343

Date: 09-25-17