117000008459

| (Requestor's Name) | | | | | | |
|---|--|--|--|--|--|--|
| (Address) | | | | | | |
| (Address) | | | | | | |
| (City/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



600304143326

17 OCT -3 AH 8: 38

O SIMMONS OCT 0 4 2017 CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO.

I20000000195

REFERENCE

8450647 783394

AUTHORIZATION

COST LIMIT

\$ 125.00

ORDER DATE: October 3, 2017

ORDER TIME : 1:02 PM

ORDER NO. : 845064-005

CUSTOMER NO: 7833946

FOREIGN FILINGS

NAME: M-LEAD EDGE XVII INVESTOR, LLC

XXXX QUALIFICATION (TYPE: <u>LL</u>)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender - EXT# 62956

EXAMINER:

COVERLETTER

| 10: | Division of Corporation | 15 | | | | | | |
|-----------|--|--|-----------------------------|--|--|--|--|--|
| SUBJEC | M-LEAD EDGE X | | | | | | | |
| 500000 | Name of Limited Liability Company | | | | | | | |
| | | | | | ansact Business in Florida," Certificat y company to transact business in Flo | | | |
| Please re | turn all correspondence of | concerning this matter to the | following: | | | | | |
| | Camilo Miguel | , Jr. | ; | | | | | |
| | | Name of Person | | | | | | |
| | M-Lead Edge XVII Investor, LLC | | | | | | | |
| | | Firm/Company | | | | | | |
| | 119 Washington Avenue, Ste. 505 | | | | | | | |
| | | Address | | | | | | |
| | Miami Beach, | Miami Beach, FL 33139 | | | | | | |
| | City/State and Zip Code | | | | | | | |
| | cmigueljr@yaho | o.com | | | | | | |
| | | E-mail address: (to be use | d for future annua | l report no | tification) | | | |
| For furth | er information concernin | g this matter, please call: | \ ! | | | | | |
| | Camilo Miguel, Jr. | | 305 at () | 531-24 | 26 | | | |
| | Name o | of Contact Person | Area Code | Day | rtime Telephone Number | | | |
| | MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314 | | | Division Registrat Clifton B 2661 Exe | of Corporations ion Section Building ecutive Center Circle see, FL 32301 | | | |
| | l is a check for the follow ☐ \$125.00 Filing Fee | | □ \$1.55 00 TU | F 6 | Filtra an Pill III III III III III | | | |
| | LI 3123.00 FILING FEE | ☐ \$130.00 Filing Fce & Certificate of Status | S155,00 Fili Certified Copy | | ☐ \$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 LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

| 1. M-Lead Edge XVII Inv | restor, LLC Limited Liability Company; must include "Limit | | | | | |
|---|--|--|---|--|--|--|
| (Name of Foreign | Limited Liability Company; must include "Limit | ted Liability Company," "L.L.C.," or "LEC.") | | | | |
| (If name unavailable, enter alternate n | ame adopted for the purpose of transacting business in Fl | dorids. The alternate name must include "Limited Lia | bility Company," "L.L.C," or "L.L.C.") | | | |
| 2. Delaware | | 3 | oer, if applicable) | | | |
| (Jurisdiction under the law of wi | nich foreign limited liability company is organized) | (FEI num | ber, if applicable) | | | |
| 4 | (D. C. | | | | | |
| | (Date first transacted business in Florida, if prior to (See sections 605.0904 & 605.0905, F.S. to desert | | | | | |
| 5. 119 Washington Aven (Street Address of) | nucinal Office) | 6. 119 Washington Avenue (Mailing Address) | | | | |
| Suite 505 | | Suite 505 | | | | |
| Miami Beach, FL 331 | 39 | Miami Beach, FL 33139 | | | | |
| | | | | | | |
| 7. Name and street address | ss of Florida registered agent: (P.O. Bo | x <u>NOT</u> acceptable) | G b | | | |
| Name: | Corporation Service Company | | · · · · · · · · · · · · · · · · · · · | | | |
| Office Address: | 1201 Hays Street | | عرت . دهن . | | | |
| Office Address. | | 22701 | نب ، | | | |
| | Tallahassee (Ciry) | Florida 32301 (Zin cox | <u> </u> | | | |
| 8. The name, title or capa <u>Title or Capacity:</u> | (Registered agents acity and address of the person(s) who have | Signature) | Asst. Vice President Name and Address: | | | |
| MGR | MA Opportunity MGR, LLC | | | | | |
| | 119 Washington Ave, Ste. 56 Miami Beach, FL 33139 | 05 | | | | |
| | | _ | | | | |
| (Use attachments if neces | sary) | _ | | | | |
| | of existence, no more than 90 days old of which it is organized. (If the certifical ubmitted) | | | | | |
| | uted in accordance with section 605.020 the Department of State constitutes a d | | | | | |
| | Signatus | re of an authorized person | | | | |
| | Consile Ministry COO | / | | | | |
| | Camilo Miguel, Jr., CEO | or printed martie of signer | | | | |
| | Typed | os branza muse or sifaxe. | | | | |

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "M-LEAD EDGE XVII INVESTOR, 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 THIRD DAY OF OCTOBER, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "M-LEAD EDGE XVII INVESTOR, LLC" WAS FORMED ON THE SECOND DAY OF OCTOBER, A.D. 2017.

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

6564146 8300

SR# 20176443411

Date: 10-03-17

Authentication: 203330702

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