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Page 2 of 4

2017-11-02 09:30:31 CST

12122023573 From: Kimberly Laughrey

11/2/2017

Division of Corporations

Florida Department of State

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**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:_

Foreign Limited Liability Company MJS Audubon Park, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

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

MJS Audubon Park, LL	.c			
(Name of Foreign	Limited Liability Company; must include "Limi	ited Liability Company," "L.L.C.," or "LLC."		
ame unavailable, enter alternate na	intendented for the purpose of transacting business in F	Florida. The attenute name must include "Limited Lia	hility Company," TLUC (" or "ILLC ()	
DE		3.		
	sch foreign limited liability company is organized)	(FEI num	ser, if applicable)	
11/01/2017				
	(Date first transacted business in Florida, if prior (See sections 505 0904 & 605 0905, F.S. to deter	To registration.)		
999 Waterside Drive, S		6 999 Waterside Drive, Suite	2300	
(Street Address of Principal Office)		(Mailing Aildress)		
Norfolk, VA, 23510		Norfulk, VA, 23510	Norfolk, VA, 23510	
			<u> </u>	
Name and street address	s of Florida registered agent: (P.O. Bo	ox NOT acceptable)		
Name:	C T Corporation			
	1200 South Pine Island Road			
Office Address:	1200 Soulii Fine Island Road	· · · · · · · · · · · · · · · · · · ·		
	Plantation	, Florida 33324 (Zip cod		
gistered agent's accept	(City)	(Zip cod	le)	
	ons of all statutes relative to the propo of my position as registered agent.	er and complete performance of my Kim Wasilen	rski	
	of my position as registered agent	er and complete performance of my Kim Wasien Assistant Secr	duties, and I am familiar with	
		er and complete performance of my Kim Wasien Assistant Secr	duties, and I am familiar with	
id accept the obligations . The name, title or capa	of my position as/registered agent (Registered agent city and address of the person(s) who	Kim Wasiem Assistant Secr 's signature) has/have authority to manage is/are:	duties, and I am familiar with i sic otary	
id accept the obligations	city and address of the person(s) who	er and complete performance of my Kim WasieM Assistant Secr	duties, and I am familiar with	
The name, title or capa Title or Capacity: Manager of	city and address of the person(s) who Name and Address: T. Richard Litton, Jr.	Kim Wasiew Assistant Secr sugnature) has/have authority to manage is/are: Title or Capacity:	duties, and I am familiar with sid etary Name and Address:	
The name, title or capa Title or Capacity: Manager of MJS Audubon Pag	city and address of the person(s) who Name and Address: T. Richard Litton, Jr. 999 Waterside Dr., Ste 2300	Kim Wasiew Assistant Secr sugnature) has/have authority to manage is/are: Title or Capacity:	duties, and I am familiar with i sic otary	
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Delaware The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "MJS AUDUBON PARK, 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-SIXTH DAY OF OCTOBER, A.D. 2017.

6593571 8300 SR# 20176803326

You may verify this certificate online at corp.delaware.gov/authver.shtr-"

Military VV, Bruffingth, Sacremary or State

Authentication: 203467377

Date: 10-26-17