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		. Co	OVER	LETTER				
TO:	Registration Section Division of Corporation	s						
SUBJI	MV051, LLC ECT:							
501501		Name o	f Limit	ed Liability (Company		•	
	nclosed "Application by For nce, and check are submitted							
Please	return all correspondence c	oncerning this matter to th	ne follo	wing:				
	Brian Newman	ı						
	·		Name o	of Person				
	Shelving Rock,	LLC						
			Firm/C	ompany			-	
	3 Corporate Dri	ive, Ste 208						
			Ad	dress			•	
	Shelton, CT 06-	484						
		City	/State a	nd Zip Code			•	
	bnewman@shelv	ingrock.com						
		E-mail address: (to be us	sed for	future annual	report notification)		•	
For fur	rther information concerning	g this matter, please call;					6152	- 1
	Brian Newman		at (866	598-2546	•	-	ا مد ب
	Name o	l'Contact Person	a.,	Area Code	Daytime Telephone	Number.	22	3 2 2
	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 Ci Tallahassee, FL 32301	rcle		
Enclos	sed is a check for the follow ☐ \$125.00 Filing Fee	ing amount: \$\Bigsim \frac{1}{2} \text{\$130.00 Filing Fee & Certificate of Status}\$		\$155.00 Filir rtified Copy	ng Fee & ☐ \$160.00 Fil of Status & Ce			

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

IN COMPILANCE 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:

MV051, LLC			
(Name of Foreign	Limited Liability Company; must include "Limited	d Liability Company," "L.L.C.," or "LLC")	
(If name unavailable, enter alternate r	name adopted for the purpose of transacting business in Flor	nds. The alternate name must include "Limited Lia	bility Company," "L. L. C," or "ELC ")
n Delaware		3 30-0885230	
-	hich foreign lumited liability company is organized)	J	ber, if applicable)
4. January 1, 2018			
<u>-,</u>	(Date first transacted business in Florida, if prior to r (See sections 005 0904 & 605 0905, F.S. to determine	registration.) ne penalty liability)	
5. MV051, LLC		6. MIV051, LLC	
(Street Address of Principal Office) 601 Brickell Key Drive, Suite 700		(Mailing Add 601 Brickell Key Drive, St	
Miami, FL 33131	, , , , , <u>, , , , , , , , , , , , , , </u>	Miami, FL 33131	
Name and street address	ss of Florida registered agent: (P.O. Box	NOT acceptable)	
Name:	CT Corporation System		
Office Address:	1200 South Pine Island Road		
	Plantation	Florida 33324 (Zip cod	
	(City)	Zip cod	le)
and accept the obligation	s of my position as registered agent. Car andur grater co	ndice Pignataro, Asst. S I Corporation System	Secretary,
	(Registered agent's s	signature)	. = ;
8. The name, title or cap	acity and address of the person(s) who ha	s/have authority to manage is/are:	· · ·
Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
Manager	Stephen Lamando		2
	601 Brickell Key Dr., Ste 700	- 	
	Miami, FL 33131	-	
Authorized Person	Brian Newman		13
	601 Brickell Key Dr., Ste 700 Miami, FL 33131	-	
		-	
Use attachments if neces	isary)		
	of existence, no more than 90 days old, of which it is organized. (If the certificate abmitted)		
	cuted in accordance with section 605.0203 to the Department of State constitutes of this		
			
	Signature	of an authorized person	
	Brian N	lewman	

Typed or printed name of signee

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Delaware The First State

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

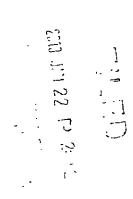
DELAWARE, DO HEREBY CERTIFY "MV051, LLC" IS DULY FORMED UNDER THE

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 SEVENTEENTH DAY OF JANUARY, A.D. 2018.

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





Authentication: 201980628

Date: 01-17-18

5845667 8300 SR# 20180295628