

M18000005993

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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(Business Entity Name)

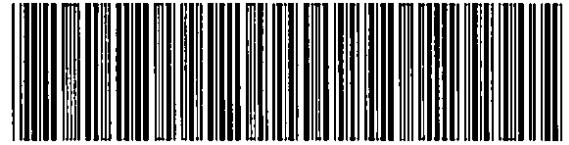
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18 JUN 25 PM 2:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C SIMMONS

JUN 27 2018



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 14, 2018

SHEILA MUZIN
9667 NW 33 ST
MIAMI, FL 33172

SUBJECT: MDMS CAPITAL VA-5 LLC
Ref. Number: W18000055543

We have received your document for MDMS CAPITAL VA-5 LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia L Simmons
Regulatory Specialist III

Letter Number: 118A00012427

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: MDMS Capital VA5 LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

SHEILA MUZIN

Name of Person

MDMS CAPITAL VA5 LLC

Firm/Company

9667 NW 33 STREET

Address

MIAMI, FL 33172

City/State and Zip Code

SHEILA.MUZIN@EWCNOW.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SHEILA MUZIN

305

392-5085

at (_____) _____

Name of Contact Person

Area Code

Daytime 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:

☐ \$125.00 Filing Fee

☒ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
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. MDMS CAPITAL VA5 LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. VIRGINIA

(Jurisdiction under the law of which foreign limited liability company is organized)

3. 30-1081870

(FEI number, if applicable)

4. 06/15/2018

(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 9667 NW 33 STREET

(Street Address of Principal Office)

MIAMI, FL 33172

6. 9667 NW 33 STREET

(Mailing Address)

MIAMI, FL 33172

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: SHEILA MUZIN

Office Address: 9667 NW 33 STREET

MIAMI

(City)

, Florida 33172

(Zip code)

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TALLAHASSEE, FLORIDA

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.

Sheila Muzin

(Registered agent's signature)

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:

MANAGER

SHEILA MUZIN

9667 NW 33 STREET

MIAMI, FL 33172

(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.

Sheila Muzin

Signature of an authorized person

SHEILA MUZIN

Typed or printed name of signer

Commonwealth of Virginia



State Corporation Commission

CERTIFICATE OF FACT

I Certify the Following from the Records of the Commission:

That MDMS Capital VA5 LLC is duly organized as a limited liability company under the law of the Commonwealth of Virginia;

That the date of its organization is May 11, 2018; and

That the limited liability company is in existence in the Commonwealth of Virginia as of the date set forth below.

Nothing more is hereby certified.



*Signed and Sealed at Richmond on this Date:
June 18, 2018*

Joel H. Peck

Joel H. Peck, Clerk of the Commission