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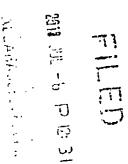
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SUBJE		MCC COLONIA	L L1.C							
1,7,2,7,7,1			Name of	Limited	Liability	Company	<u>'</u>			
			reign Limited Liability Con ed to register the above refe							
Please	return all	correspondence of	concerning this matter to the	e followin	g:					
		Benjamin Swif	it							
			1	Name of P	erson					
		Swift & Labov	itz, PLLC							
			F	irm/Com	pany	 		<u> </u>		
		1211 N. Orange	e Avenue, Suite 103							
			**	Addres	s			<u>. </u>		
		Winter Park, Fl	L 32789					· ·		
			City/\$	State and 2	Zip Code			<u>;</u> -	कि । कि	T();
		ben@swiftlegalfl	l.com						انت: مار	
	•		E-mail address: (to be use	d for futu	re annua	l report no	tification)	t_ 1	د <u>ت</u> ت:	المالية المالية
For furt	her infori	nation concerning	g this matter, please call:					•	10 10 10 10	رب
	Brian B	arwick		4() at (7	636-88	388	٠,	لع) س	
		Name o	f Contact Person		ea Code	Day	ytime Telepho	ne Number	_	
	Divisior Registra P.O. Bo	NG ADDRESS: n of Corporations ation Section x 6327 ssec, FL 32314				Division Registrat Clifton E 2661 Exc	Γ ADDRESS: of Corporation cion Section Building ecutive Center see, FL 32301	ns		
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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. DMCC COLONIAL L (Name of Foreign	Limited Liability Company; must include "Limited	d Liabili	ty Company," "L.L.C.," or "LL	C.")	
If name unavailable, enter alternate n	name adopted for the purpose of transacting business in Flor	rida, The :	alternate name must include "Limited	Liability Compa	ny," "L.L.C," or "LLC.")
Delaware		3	83-0596680		
	hich foreign limited liability company is organized)	J	(FEI)	number, if applica	ible)
4	(Day for transported hydrografic Blooks of rains to	raciolenti.			
	(Date first transacted business in Florida, if prior to a (See sections 605,0904 & 605,0905, F.S. to determine	ne penalty	(liability)		
5. 234 N. Westmonte Dri		6.	234 N. Westmonte Driv	c	
(Street Address of I	'rincipal Office)		Suite 1040	Address)	
Altamonte Springs, FL	. 32714		Altamonte Springs, FL	32714	
7. Name and street addres	ss of Florida registered agent: (P.O. Box	<u>TOM</u>	acceptable)		<i>e</i> ₅
Name:	Benjamin Swift			t.	
Office Address:	1211 N. Orange Avenue, Suite 103			į	1 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -
	Winter Park		, Florida <u>32789</u>	7	. 6
designated in this application	gistered agent and to accept service of p tion, I hereby accept the appointment as	regist	- cred agent and agree to a	ict in this co	pacity. I further
designated in this applicate comply with the provisi		regist	- cred agent and agree to a	ict in this co	pacity. I further
designated in this applicate comply with the provisi	tion, I hereby accept the appointment as ions of all statutes relative to the proper	regist and eo	- cred agent and agree to a	ict in this co	pacity. I further
designated in this applical to comply with the provision accept the obligations	tion, I hereby accept the appointment as ions of all statutes relative to the proper s of my position as registered agent.	regist and eo igname)	cred agent and agree to a Mplete performance of n	ict in this co ny duties, ar	pacity. I further
designated in this applicate comply with the provision and accept the obligations 8. The name, title or capa	tion, I hereby accept the appointment as ions of all statutes relative to the proper s of my position as registered agent. (Registered agent's acity and address of the person(s) who have	regist and eo igname)	cred agent and agree to a mplete performance of n	ict in this co ny duties, ar	ipacity. I further ad I am fantiliar w
designated in this applicate comply with the provisional accept the obligations 8. The name, title or capa Title or Capacity:	tion, I hereby accept the appointment as ions of all statutes relative to the proper s of my position as registered agent. (Registered agent's acity and address of the person(s) who has Name and Address:	regist and en ignature) sstrave	cred agent and agree to a mplete performance of n	ict in this co ny duties, ar	ipacity. I further ad I am fantiliar w
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designated in this applicate comply with the provision accept the obligations 8. The name, title or capa Title or Capacity: Manager Member (Use attachments if necessor). Attached is a certificate urisdiction under the law of the complete complete the law of the complete complete the law of the complete c	(Registered agent's relative to the proper s of my position as registered agent. (Registered agent's recity and address of the person(s) who has a new and Address: MSR COLONIAL. LP 234 N Westmonte Dr Ste 1040 Altamonte Springs. FL 32714 MSR COLONIAL. LP 234 N Westmonte Dr Ste 1040 Altamonte Springs. FL 32714 sary) of existence, no more than 90 days old, do of which it is organized. (If the certificate	ignature)	cred agent and agree to a populate performance of notice of notice of notice of notice of the notice	nct in this control y duties, and sure when the sure was a sure when the sure was a sure when the sure was a sure was a sure when the sure was a sure was	ipacity. I further nd I am familiar w
8. The name, title or capa Title or Capacity: Manager Member (Use attachments if necess or the translator must be sufficient under the law of the translator must be sufficient execution. This document is executed.	(Registered agent's relative to the proper s of my position as registered agent. (Registered agent's recity and address of the person(s) who has a new and Address: MSR COLONIAL. LP 234 N Westmonte Dr Ste 1040 Altamonte Springs. FL 32714 MSR COLONIAL. LP 234 N Westmonte Dr Ste 1040 Altamonte Springs. FL 32714 sary) of existence, no more than 90 days old, do of which it is organized. (If the certificate	s regist and eo lignature) strave T	thenticated by the official foreign language, a trans	having cust lation of the	and Address: ody of records in terrificate under of

PRADEEP MATHAROO

Typed or printed name of signee

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "DMCC COLONIAL 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 TWELFTH DAY OF JULY, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "DMCC COLONIAL LLC" WAS FORMED ON THE FIFTEENTH DAY OF MAY, A.D. 2018.

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



Authentication: 203049785

Date: 07-12-18