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(Requestor's Name)	
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## COVER LETTER

TO:		ration Section on of Corporatio	ns					
SUBJF		MCC EDGEWA						
SOBJE				Limited Liability	Company			
			reign Limited Liability Com ed to register the above refer					
Please	return ali	correspondence	concerning this matter to the	following:				
		Benjamin Swi	ſı					
			Ν	lame of Person				
		Swift & Labov	ritz, PLLC					
		•	F	irm/Company				
		1211 N. Orang	e Avenue, Suite 103					
				Address				
		Winter Park, F	L 32789					
			City/S	State and Zip Code	;		5	77
		ben@swiftlegalf	1.com					
			E-mail address: (to be use	d for future annua	I report no	tification)	င်း တ	TICED
For furt	her infor	mation concernit	ng this matter, please call:				D 79: 3	
	Brian i	Barwick		407 at (	636-88	888	<u> </u>	
		Name o	of Contact Person	Area Code	Day	rtime Telephor	ne Number	
	Divisio Registr P.O. Bo	ING ADDRESS: n of Corporations ation Section ox 6327 ssec, FL 32314			Division Registrat Clifton B 2661 Exc	of Corporation Social Confession Section Suilding Section Control Con	ns	
Enclose		eck for the follow 5.00 Filing Fee	ring amount: ■ \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Fili Certified Copy	ng Fee &		Filing Fee, Certific Certified Copy	ate

## 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:

(Name of Foreign	CLLC Limited Liability Company; must include "Limite	d Liability Company," "L.L.C.," or "LLC	("."	
f name unavailable, enter alternate r	name adopted for the purpose of transacting business in Flor	rida. The alternate name must include "Limited	Liability Company," "L.L.C," or "LL.C.")	
Delaware		3. 83-0596769		
	hich foreign limited liability company is organized)	(FEI n	umber, if applicable)	
	(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determi	registration.) ne penalty liability)		
234 N. Westmonte Dri	ive	6. 234 N. Westmonte Drive	<u> </u>	
(Street Address of Principal Office) Strite 104()		Suite 1040	ddress)	
Altamonte Springs, FL 32714		Altamonte Springs, FL 3	32714	
Name and street address	ss of Florida registered agent: (P.O. Box Benjamin Swift	NOT acceptable)		
Office Address:	1211 N. Orange Avenue, Suite 103		- 3	
Office Address.	Winter Park		code)	
	(City)	, Florida <u>12709</u>	ode)	
comply with the provisi	tion, I hereby accept the appointment as ions of all statutes relative to the p <u>roper</u> s of my position as registered agent	s registered agent and agree to a <del>and c</del> omplete performance of m I	ct in this capacity. I further of y duties, and I am familiar w	
comply with the provisi	ions of all statutes relative to the propers s of my position as registered agent.	und complete performance of m	ct in this capacity. A further of y duties, and I am familiar w	
comply with the provisi	ons of all statutes relative to the proper.	und complete performance of m	ct in this capacity. I further of y duties, and I am familiar vo	
comply with the provising accept the obligations  The name, title or capa	ions of all statutes relative to the proper s of my position as registered agent.  (Registered agents of the person(s) who have	und complete performance of m gnature) s/have authority to manage is/are:	y duties, ànd I am Jamiliar vo	
comply with the provising accept the obligations	ions of all statutes relative to the propers of my position as registered agent.  (Registered agents of	und complete performance of m	y duties, ànd I am Jamiliar w	
comply with the provising accept the obligations  The name, title or capa	ions of all statutes relative to the proper s of my position as registered agent.  (Registered agents of the person(s) who have and Address:  MSR EDGEWATER, LP	und complete performance of m  gnature)  s/have authority to manage is/are:  Title or Capacity:	y duties, ànd I am Jamiliar w	
comply with the provision accept the obligations  The name, title or capa  Title or Capacity:	ions of all statutes relative to the proper s of my position as registered agent.  (Registered agents of the person(s) who have and Address:	und complete performance of m  gnature)  s/have authority to manage is/are:  Title or Capacity:	y duties, ànd I am Jamiliar w	
comply with the provising accept the obligations  The name, title or capa  Title or Capacity:	(Registered agents of the person(s) who have and Address:  MSR EDGEWATER, LP  234 N Westmonte Dr Ste 1040	und complete performance of m  gnature)  s/have authority to manage is/are:  Title or Capacity:	y duties, ànd I am Jamiliar vo	
comply with the provising accept the obligations  The name, title or capa  Title or Capacity:  Manager	(Registered agents)	gnature) s/have authority to manage is/are: Title or Capacity:	y duties, ànd I am Jamiliar w	
comply with the provision accept the obligations  The name, title or capa Title or Capacity:  Manager  Member	(Registered agents of my position as registered agents)  (Registered age	gnature) s/have authority to manage is/are: Title or Capacity:	y duties, ànd I am Jamiliar vo	
comply with the provising accept the obligations of accept the obligations.  The name, title or capa Title or Capacity:  Manager  Member  Jse attachments if necess of accepting the control of the law of the la	(Registered agents of my position as registered agents of my position as registered agents)  (Registered agents of the person(s) who have and address of the person(s) who have a substituted agents of the person of the property of the person	Ignature)  s/have authority to manage is/are:  Title or Capacity:	Name and Address:	
comply with the provising accept the obligations and accept the obligations.  The name, title or capa Title or Capacity:  Manager  Member  Jse attachments if necess Attached is a certificate risdiction under the law of the translator must be sufficient. This document is exect.	(Registered agents of my position as registered agents of my position as registered agents)  (Registered agents of the person(s) who have and address of the person(s) who have a substituted agents of the person of the property of the person	hyperature)  s/thave authority to manage is/are:  Title or Capacity:  duly authenticated by the official le is in a foreign language, a translation (1) (b). Florida Statutes, I am away	Name and Address:  Name and Address:  having custody of records in tation of the certificate under care that any false information	

PRADEEP MATHAROO

Typed or printed name of signee



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

DELAWARE, DO HEREBY CERTIFY "DMCC EDGEWATER 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 EDGEWATER 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.

A CONTRACTOR OF THE PARTY OF TH

Authentication: 203049795

Date: 07-12-18