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COVER LETTER

TO: Registration Section

Division	of Corporatio	HS					
DM SUBJECT:	CC HIGHWA	Y 19 LLC					
	· · · · ·	Name of	Limited Liability	Company			
		reign Limited Liability Com ed to register the above refer					
Please return all c	orrespondence	concerning this matter to the	e following:				
	Benjamin Swi	ft					
		N	Name of Person		-		
	Swift & Labov	ritz, PLLC					
		j.	irm/Company				
	1211 N. Orang	e Avenue, Suite 103					
•			Address			··	
	Winter Park, F	L 32789				چنج ال	
		City/S	State and Zip Code			MATE .	1
b	en@swiftlegalf						TILED
		E-mail address: (to be use	d for future annual	l report no	tification)	; T	
For further inform	ation concernin	g this matter, please call:				· · · · · · · · · · · · · · · · · · ·	
Brian Ba	rwick		407 at (636-88	388	D 18: 30	
	Name o	of Contact Person	Area Code	Da	ytime Telephoi	ne Number	
Division (Registrati P.O. Box	G ADDRESS: of Corporations on Section 6327 ee, FL 32314			Division Registrat Clifton E 2661 Exc	F ADDRESS: of Corporation tion Section Building ecutive Center see, FL 32301		
Enclosed is a check ☐ \$125.0	k for the follow 0 Filing Fee	ing amount: ■ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filin Certified Copy	ng Fee &		Filing Fee, Certific Certified Copy	cate

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:

(II name unavailable, enter alternate	name adopted for the purpose of transacting business in Flori	ida. The alternate name must include "Limited Li	ability Company." "L.L.C." or "LLC.")
2. Delaware		3. 83-0597036	
	shich foreign limited liability company is organized)		ber, if applicable)
4.			
	(Date first transacted business in Florida, if prior to re (See sections 605.0904 & 605.0905, F.S. to determin	egistration.) ie penalty liability)	
5. 234 N. Westmonte Di	rive	6. 234 N. Westmonte Drive	
(Street Address of Suite 1040	Principal Office)	(Mailing Add Suite 1040	lress)
Altamonte Springs, Fl	32714	Altamonte Springs, FL 32	714
Transite opings, 11	32771	Titalione opings, 115 32	
7. Name and street addre	ss of Florida registered agent: (P.O. Box	NOT acceptable)	
Name:	Benjamin Swift		
Name:			
Office Address:	1211 N. Orange Avenue, Suite 103		
	Winter Park	Florida <u>32789</u> (Zip co	
	egistered agent and to accept service of pi		
Having been named as red designated in this applica- to comply with the provis		registered agent and agree to act and complete performance of my	in this capacity. I further agre-
Having been named as redesignated in this applicate to comply with the provisand accept the obligation. S. The name, title or cap	egistered agent and to accept service of partion, I hereby accept the appointment as ions of all statutes relative to the proper to sof my position as registered agent. (Registered gent's signature and address of the person(s) who has	registered agent and agree to act and complete performance of my [gnature] Thave authority to manage is/are:	in this capacity. I further agreeduties, and I am Jamiliar with
Having been named as r designated in this applica to comply with the provis and accept the obligation	egistered ugent and to accept service of protion, I hereby accept the appointment as ions of all statutes relative to the propert is of my position as registered agent. (Registered igent's significant in the propertion of the propertion is significant in the propertion of the propertion is significant.)	registered agent and agree to act and complete performance of my ignature)	in this capacity. I further agreduties, and I am Jamiliar with
Having been named as redesignated in this applicate to comply with the provisand accept the obligation. 8. The name, title or cap	egistered agent and to accept service of protion, I hereby accept the appointment as ions of all statutes relative to the proper to so of my position as registered agent. (Registered gent's signature and address of the person(s) who has Name and Address: MSR HIGHWAY 19, LP	registered agent and agree to act and complete performance of my [gnature] Thave authority to manage is/are:	in this capacity. I further agreeduties, and I am Jamiliar with
Having been named as redesignated in this applicate comply with the provisand accept the obligation 8. The name, title or cap Title or Capacity:	egistered agent and to accept service of partion, I hereby accept the appointment as ions of all statutes relative to the proper to so of my position as registered agent. (Registered gent's signature and address of the persons) who has Name and Address:	registered agent and agree to act and complete performance of my [gnature] Thave authority to manage is/are:	in this capacity. I further agreeduties, and I am Jamiliar with
Having been named as redesignated in this applicate to comply with the provisand accept the obligation. 8. The name, title or cap Title or Capacity:	egistered agent and to accept service of protein, I hereby accept the appointment as ions of all statutes relative to the proper to so f my position as registered agent. (Registered gent's signactive and address of the person(s) who has Name and Address: MSR HIGHWAY 19, LP 234 N Westmonte Dr Ste 1040 MSR HIGHWAY 19, LP 234 N Westmonte Dr Ste 1040	registered agent and agree to act and complete performance of my [gnature] Thave authority to manage is/are:	in this capacity. I further agreeduties, and I am Jamiliar with
Having been named as redesignated in this applicate to comply with the provisand accept the obligation. 8. The name, title or cap Title or Capacity: Manager Member	egistered agent and to accept service of protein, I hereby accept the appointment as ions of all statutes relative to the proper to so f my position as registered agent. (Registered gent's signature and address of the person(s) who has Name and Address: MSR HIGHWAY 19, LP 234 N Westmonte Dr Ste 1040 Altamonte Springs, FL 32714 MSR HIGHWAY 19, LP 234 N Westmonte Dr Ste 1040 Altamonte Springs, FL 32714	registered agent and agree to act and complete performance of my [gnature] Thave authority to manage is/are:	in this capacity. I further agreeduties, and I am Jamiliar with
Having been named as redesignated in this applicate to comply with the provisand accept the obligation. 8. The name, title or cap Title or Capacity: Manager Member (Use attachments if neces) 9. Attached is a certificate.	egistered agent and to accept service of protein, I hereby accept the appointment as ions of all statutes relative to the property of soft my position as registered agent. (Registered gent's signature and address of the person(s) who has Name and Address: MSR HIGHWAY 19, LP 234 N Westmonte Dr Ste 104(Altamonte Springs, FL 32714 MSR HIGHWAY 19, LP 234 N Westmonte Dr Ste 104(Altamonte Springs, FL 32714 sary) of existence, no more than 90 days old, do of which it is organized. (If the certificate	registered agent and agree to act and complete performance of my signature) Thave authority to manage is/are: Title or Capacity:	in this capacity. I further agreeduties, and I am Jamiliar with Name and Address:

PRADEEP MATHAROO

Typed or printed name of signee

Signature of an authorized person

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "DMCC HIGHWAY 19 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 HIGHWAY 19

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: 203049789

Date: 07-12-18

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