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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (352) 617-6383

From: Account Name : JAM MARK LIMITED
Account Number : 120000000112
Phone : (305) 789-7758
Fax Number : (305) 789-7799

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: ENavarro@mayerbrown.com

Foreign Limited Liability Company
MMP MOSAIC OWNER, LLC

Certificate of Status	1
Certified Copy	1
Page Count	03
Estimated Charge	\$160.00

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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MMP Mosaic Owner, 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:

Erica Navarro

Name of Person

Mayer Brown LLP

Firm/Company

71 South Wacker Drive, Chicago, IL 60606-4637

Address

Chicago, IL 60606

City/State and Zip Code

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

For further information concerning this matter, please call:

Erica Navarro

312

701-8492

Name of Contact Person

at (_____)_____
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
2667 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☐ \$150.00 Filing Fee &
Certificate of Status

☐ \$125.00 Filing Fee &
Certified Copy

☒ \$160.00 Filing Fee, Certificate
of Status & Certified Copy

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

IN COMPLIANCE WITH SECTION 605.0802, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. MMP Mosaic Owner, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," "L.L.C." or "LLP")
2. Delaware
(Jurisdiction under the law of which foreign limited liability company is organized)
3. N/A
(If different from 2, specify)
4. November 1, 2018
(Date first transacted business in Florida; if none to date, specify date)
(See section 605.0802, F.S. for definitions (entity history))
5. One MetLife Way
(Street Address of Principal Office)
Whippany, New Jersey 07981
6. One MetLife Way
(Mailing Address)
Whippany, New Jersey 07981
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
Name: C.T. Corporation System
Office Address: 1200 South Pine Island Road
Plantation Florida 33324
(City) (Zip Code)

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.

By: C.T. Corporation System

(Registered agent's signature)

M. E. Jones, Asst. Sec'y.

8. The name, title or capacity and address of the person(s) who have authority to manage is/are:

Title or Capacity:

Name and Address:

Title or Capacity:

Name and Address:

Manager

MMP Mosaic REIT, LLC

One MetLife Way

Whippany, New Jersey 07981

(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.

Esmi R. Diazcon

(Signature of authorized person)

Esmi R. Diazcon

(Typed or printed name of person)

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Delaware

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MMP MOSAIC OWNER, 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 NINETEENTH DAY OF OCTOBER, A.D. 2018.

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



7110432 8300

SR# 20187238246

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 203650116

Date: 10-19-18