1111600011496

(Reque	stor's Name)	
(Addre	ss)	
(Addre	ss)	
(City/S	tate/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Busine	ess Entity Nan	ne)
(Docur	nent Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Filin	ng Officer:	_

Office Use Only



100322089431



18 DEC 20 AN MEIL

D. SCOTT DEC 21 2013 CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

FOREIGN FILINGS

NAME: MPI MANAGEMENT LLC

XXXX QUALIFICATION (TYPE: <u>LL</u>)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Emily Croft -- EXT# 62925

EXAMINER:

COVER LETTER

		ation Section of Corporations	5						
SUBJEC	ett:	MPI Management	LLC						
0020				Name of Lin	nited Liability	Company			
		oplication by Fore eck are submitted							
Please re	turn all o	correspondence co	oncerning this	natter to the fol	lowing:				
		Vicki Pomroy							
				Nam	e of Person				
		Herrick, Feinste	in LLP		_				
				Firm	/Company				
		2 Park Avenue							•
				A	ddress			A (5)	وسنس
		New York, NY	10016					2011 DEC 20	ا اله تنفست ب نسته
				City/State	ялd Zip Code	•		20 837 838	T TO
		vpomroy@herrick	c.com					THE T	
	_		E-mail addres	s: (to be used fo	r future annua	l report notifica	ition)	E 5	
For furth	er inforn	nation concerning	this matter, ple	ease call:				Million Million))
	Ellen S	hapiro, Esq.		я	t (212) 592.1533			•
•			Contact Person		Area Code		Telephone Nu	mber	
	Division Registrat P.O. Box	of Corporations ion Section 6327 see, FL 32314				STREET AD Division of C Registration S Clifton Buildi 2661 Executiv Tallahassee, F	orporations Section ing ve Center Circle	•	
		ck for the following							
	Li \$ 125	.00 Filing Fee	\$ 130.00 Certi	Filing Fee & ficate of Status		Filing Fee & ied Copy		Filing Fee, Certi & Certified Cop	

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 COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1.	MPI Management LLC (Name of Foreign	Limited Liability Company, must include "Limi	ted Liability Compa	ny,""CLC.," or "LC.")			
	Olshan Employee LLC						
(If	nama ucassilable, enter alternate s	ame adopted for the purpose of transacting business in F	lorida. The alternate na	me must include "Limited Liabili	ty Company," "I.L.C," or "LLC,")		
2.	Delaware (Jurisdiction under the law of w	hich foreign limited liability company is organized)	3(FEI mamber, if applicable)				
4.		(Date first transacted business in Florida, if prior t (See sections 605,0904 & 605,0905, F.S. to deten	o registration.) mine penalty liability)				
5.	c/o Olshan Properties (Street Address of I	Principal Office)	6. <u>c/o Ol</u>	shan Properties (Mailing Address)		
	600 Madison Avenue		600 M	adison Avenue			
	New York, NY 10022		New Y	ork, NY 10022	2018 TALL		
7.	Name and street address	ss of Florida registered agent: (P.O. Bo	x <u>NOT</u> accepta	ble)	DEC 20		
	Name:	Corporation Service Company			E S		
	Office Address:	1201 Hays Street			ENTER WAS		
		Tallahassee		, Florida <u>32301</u>			
		(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: (Registered agent's signature)

Emily Croft

Asst: Vice President

Title or Capacity:	Name and Address:	
Managing Member	Morton L. Olshan	
	c/o Olshan Properties, 600 Madison	
	New York, NY 10022	
	New Tork, NY 10022	
		2
		2011 DEC 20
	70 (A)	DEC 20 F
	in the second se	ם ס
		Ö
		39
attachments if necessary)		
tached is a certificate of existenc diction under the law of which it e translator must be submitted)	e, no more than 90 days old, duly authenticated by the official having custody of s organized. (If the certificate is in a foreign language, a translation of the certificate is in a foreign language, a translation of the certificate is in a foreign language.	records in t cate under o
his document is executed in accounted in a document to the Depart	rdance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false i ment of State constitutes a third degree felony as provided for in s.817.155, F.S.	nformation
	Moston L Deshen	
	Signature of an authorized person	

Typed or printed name of signes



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

DELAWARE, DO HEREBY CERTIFY "MPI MANAGEMENT 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 DECEMBER, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MPI MANAGEMENT LLC" WAS FORMED ON THE TENTH DAY OF MAY, A.D. 2010.

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

2011 DEC 20 P 10: 39

Jeffrey W. Bufface, Secretary of State

Authentication: 204143094

4821668 8300

Date: 12-19-18