# M18000011672

(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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### **CT CORP**

### 3458 Lakeshore Drive, Tallahassee, FL 32312 850-656-4724

**Date:** 12/26/2018

D	)ate:	12/26/2018	- wil SW
		Acc#I20160000072	
Name:	MCRT E	BISCAYNE BAY LLC	
Document #:			
Order #:	7082297	75	
Certified Copy of Arts & Amend: Plain Copy: Certificate of Good Standing:			2811 DEC
Apostille/Notarial Certification:		Country of Destination: Number of Certs:	2,4,0
Filing: 🚺	Cert Plair COG		
Availability  Document  Examiner  Updater  Verifier  W.P. Verifier  Ref#	Amo	ount: \$ 160.00	



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

December 27, 2018

CT CORP 3458 LAKESHORE DR TALLAHASSEE, FL 32312

SUBJECT: MCRT BISCAYNE BAY LLC

Ref. Number: W18000110039

12/27/18

Corrected:

Please allow for original file date.

Drank you!

We have received your document for MCRT BISCAYNE BAY LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

A certificate of existence or a certificate of good standing, dated no more than 90 m days prior to the delivery of the application to the Department of State; duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Dionne M Scott Regulatory Specialist II

Letter Number: 918A00026347

www.sunbiz.org

#### COVER LETTER

TO:		ation Section 1 of Corporation	s			
SUBJE		CRT Biscayne Bay				
1,01,1,1	···		Name of L	imited Liability C	ompany	<del></del>
The enc Existen	losed "A ce, and cl	pplication by Fore seck are submitted	eign Limited Liability Compa I to register the above refere	any for Authorizat nced foreign limit	tion to Transact Business ed liability company to to	in Florida," Certificate of ransact business in Florida
Please r	eturn all	correspondence c	oncerning this matter to the f	following:		
		Charlotte E. Wo	olverton, Paralegal			
			Na	me of Person		
		Jones Day				
			Fil	rm/Company		
		2727 N. Harwo	od Street			
				Address		
		Dallas, TX 752	01			<u></u> ~3
			City/St	ate and Zip Code		2910 0
		aestes@mcrtrust.				EC I
			E-mail address: (to be used	l for future annual	report notification)	27
For fur	ther infor	mation concernin	g this matter, please call:			
	Charlo	itte E. Wolverton,	Paralegal	214 at (	969-4567	- <del>125 -</del> <del>2</del>
		Name o	f Contact Person	Area Code	Daytime Telephor	ie Number
	Divisio Registr P.O. B	ING ADDRESS: on of Corporations ration Section ox 6327 assec, FL 32314			STREET ADDRESS: Division of Corporation Registration Section Clifton Building 2661 Executive Center Tallahassee, FL 32301	
Enclos	ed is a ch □ \$12	neck for the follow 5.00 Filing Fee	ring amount:  \$\Bigsim \text{\$\sigma}\$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filio Certified Copy		Filing Fee, Certificate Certified Copy

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

IN COMPLANCE WITH SECTION 605,0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED HABILITY COMPANYTOTRANSACT BUSINESS IN THE STATE OF FLORIDA:

(Name of Foreign I	LC .muted Liability Company; must include "Lin	nited Liability C	ompany," "L.L.C.," or "LLC")	
ame unavailable, enter alternate na	me adopted for the purpose of transacting business in	Florida, The altern	nate name must include "Limited List	othry Company," "L.L.C," or "LLC")
Delaware		3. N	VA.	
(Jurisdiction under the law of wh	ich foreign limited liability company is organized)		(FEI numb	er, if applicable)
Upon filing of registrat	ion			
	(Date this transacted business in Florida, if prio (See sections 605 0904 & 605 0905, F.S. to det	or to registration ) termine penalty liab	ulity)	<del></del>
5910 N. Central Expres				ąv
(Street Address of P	rincipal Office)	v	910 N. Central Expresswa (Mailing Addi	ress)
Suite 1100		S	uite 1100	
Dallas, Texas 75206		D	allas, Texas 75206	
Name and street addres	s of Florida registered agent: (P.O. E	Box <u>NOT</u> acc	reptable)	
Name:	C T Corporation System		<u>.</u>	
	1200 South Pine Island Road			
Office Address:				
	Plantation		, Florida 33324 (Zip cod	
gistered agent's accep	(City)			
signated in this applica comply with the provisi	gistered agent and to accept service tion, I hereby accept the appointmen ions of all statutes relative to the pro s of my position as registered agent.	nt as registere oper and com	ed agent and agree to act plete performance of my	in this capacity. I further duties, and I am familiar v
signated in this applica comply with the provisi ad accept the obligation.	gistered agent and to accept service tion, I hereby accept the appointmen ions of all statutes relative to the pro	nt as registero oper and com	ed agent and agree to act plete performance of my	in this capacity. A further duties, and I am familiar v
signated in this applica comply with the provisi ad accept the obligation.	gistered agent and to accept service tion, I hereby accept the appointmer ions of all statutes relative to the pro s of my position as registered agent.  By:  C T Corporation System	nt as registero oper and com	ed agent and agree to act plete performance of my	in this capacity. I further duties, and I am familiar v
signated in this applica comply with the provisi d accept the obligation.	gistered agent and to accept service tion, I hereby accept the appointmen ions of all statutes relative to the pro s of my position as registered agent. By: CT Corporation System	ont as registered per and component's signature)  o has/have au	ed agent and agree to act plete performance of my  Mi	in this capacity. I further duties, and I am familiar v
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signated in this applica comply with the provision accept the obligation.  The name, title or capa Title or Capacity:	gistered agent and to accept service tion. I hereby accept the appointmentions of all statutes relative to the pross of my position as registered agent.  By: C T Corporation System (Registered agent) acity and address of the person(s) who Name and Address:  MCRT South Florida LLC 2255 Glades Road Suite 4	on tas registered per and component's signature) o has/have au	ed agent and agree to act plete performance of my  Mi	in this capacity. I further duties, and I am familiar the ichael E. Jones, Assistant Secre
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Typed or printed name of signee

Page 1

# Delaware The First State

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

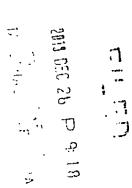
DELAWARE, DO HEREBY CERTIFY "MCRT BISCAYNE BAY LLC" IS DULY FORMED

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 TWENTY-SEVENTH DAY OF DECEMBER, A.D. 2018.

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





Authentication: 204183269

Date: 12-27-18

7202321 8300 SR# 20188378331