

2/5/2019

Division of Corporations

M19000001295

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H19000041883 3))



H190000418833ABC1

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (954)208-0845

FILED
19 FEB -5 AM 8:18
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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

Email Address: _____

Foreign Limited Liability Company
MSVEF-OFC WFC Tampa GP LLC

Certificate of Status	1
Certified Copy	1
Page Count	04
Estimated Charge	\$160.00



File First Before H190000418903

2-6-19

Electronic Filing Menu

Corporate Filing Menu

Help

2019 FEB -5 PM 1:41

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:

1. MSVEF-OFC WFC Tampa GP LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Delaware (Jurisdiction under the law of which foreign limited liability company is organized)
3. (FEI number, if applicable)

4. Upon qualification (Date first transacted business in Florida, if prior to registration. (See sections 605.0901 & 605.0903, F.S. to determine residency liability))

5. 51 Madison Avenue, Room 906
New York, NY 10012
(Street Address of Principal Office)

6. 51 Madison Avenue, Room 906
New York, NY 10012
(Mailing Address)

FILED
19 FEB -5 AM 8:48
STATE OF FLORIDA
DEPARTMENT OF STATE

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.

Madonna Cuddihy
Assistant Secretary
(Registered agent's signature)

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

Table with 4 columns: Title or Capacity, Name and Address, Title or Capacity, Name and Address. Row 1: SEE ATTACHED, EXHIBIT A, blank, blank.

(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.

Signature of an authorized person

Steven W. Osborne
Typed or printed name of signer

ATTACHMENT TO FLORIDA APPLICATION TO TRANSACT BUSINESS IN FLORIDA FOR

MSVEF-OFC WFC Tampa GP LLC

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

Each officer is located at the Principal Office Address:

51 Madison Avenue, Room 906, New York, NY 10010

<u>Name</u>	<u>Office</u>
Mark W. Talgo	President
Christian F. McEldowney	Vice President
Richard M. Walsh	Vice President
Kevin M. Smith	Vice President
Thomas O'Hanlon	Vice President
Alan Rubenstein	Vice President
Brian Seaman	Vice President
David Skuraton	Vice President
Jeffrey Perplch	Vice President
Steven Osborne	Vice President
Michael Juryta	Vice President, Controller
Richard B. Leber	Secretary
David Chan	Assistant Secretary

FILED
 19 FEB - 5 AM 9 48
 STATE OF FLORIDA
 TALLAHASSEE, FLORIDA

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MSVEF-OFC WFC TAMPA GP 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 FIFTH DAY OF FEBRUARY, A.D. 2019.

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



7131863 8300
SR# 20190735803
You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JBULLOCK", written over a horizontal line.

Jeffrey W. Bullock, Secretary of State

Authentication: 202202393
Date: 02-05-19