2/5/2019

Division of Corporations

## Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet** 

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

IN COMPLIANCE WITH SECTION 605.0002, FLORIDA STATULES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREKEN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: 1. MSVEF-OFC WFC Tampa GP LLC (Name of Foreign Limited Linbility Company; must include "Limited Liability Company," "LL.C.," or "LLC.") (If name unavailable, enter afternate mane adopted for the purpose of transacting business in Florida. The alternate mane must metade "Limited Liability Company," "L.L.C." or "LLC.") Delaware (Fit mumber, if applicable) (Junes communior the law of which foreign limited hability company is organized) Upon qualification [Unt: first transacted buttoes; in Plerida, if prior to registration, (See sections 603 020 t & 695,0901, F.S. to determine junctive li-6. 51 Madison Avenue, Room 906 51 Madison Avenue, Room 906 (Malhing Address) (Steet Address of Principal Office) New York, NY 10012 New York, NY 10012 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) C.T. Corporation System Name: 1200 South Pine Island Road Office Address: Plantation (City) 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 Madonna Cuddihy and accept the obligations of fly position as registered agent. / Assistant Secretary (Registered agent's signature) 8. The name, title or capacity and address of the person(s) who has/have authority to maringe is/are: Name and Address: Title or Capacily: Name and Address: Title or Coppetity: EXHIBIT A SEE ATTACHED (Use attachments if necessary) 9. Attached is a certificate of existence, no more than 50 days old, duly authenticated by the official having custoily 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 onth 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 constitution; third degree filling as provided for in \$.817.155, F.S. Signature of an authorized person Steven W. Ostorne
Typed or graned name of signer

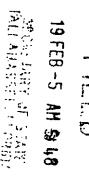
## MSVEF-OFC WFC Tampa GP LLC

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 Perpich	Vice President	
Steven Osborne	Vice President	
Michael Juryta	Vice President, Controller	
Richard B. Leber	Secretary	
David Chan	Assistant Secretary	





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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 REREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.

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Authentication: 202202393

Date: 02-05-19

SR# 20190735803

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