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.

(((H210002863863)))



H210002863863ABC3

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

JUL ZB AN 7-10 ALEMAN OF COME 10:

Page: 2 of 5

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

**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 MFVI RESIDENCE LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing Menu

Help

K SALY JUL 24 2021 To: 18505176383

Assistant Secretary

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

IN COMPLIANCE WITH SECTION 605,0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FUORIDA: MEVI RESIDENCE LLC (Name of Foreign Limited Liability Company; minst include "Limited Liability Company," "L.L.C.," or "LLC.") (If name unavailable, error alternate name adopted for the purpose of transacting business in Florida. The alternate name must meltide "Lamited Liability Company," "L.L.C." or "ELC." or Delaware (f.1:1 number, il applicable) (Jurisdiction under the law of which foreign limited liability company is organized) (Date this transacted business in Florida, if prior to registration () (See sections 605 0904 & 605 0905; F.S. to determine penalty hability) c/o The Old Mountain Company, Inc. c/o The Old Mountain Company, Inc. 5. (Street Address of Principal Office) (Slading Address) 551 Fifth Ave, Suite 2800 551 Fifth Ave. Suite 2800 New York, NY 10176 New York, NY 10176 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 , Florida (Cay) 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. Stephanie Hencz C T Corporation System

Stychous Homen

(Registered agent's signature)

From: Range McGraw

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

Title or Capacity:	Name and Address:	Title or Capacity:	į	Name and Address:
⊡Manager	Name: 1972 Continuation Trave Fb'o Marshall Ficia VI	∏Manager	Name:	
☑Member A	ddress:	☐ Member	Address:	
□Authorized	551 Fifth Ave. Suite 2800	☐ Authorized		
Person	New York, NY 10176	Person		
□Other	Other	Other		□Other
	lane Mendillo			力
☑Manager	Name:	□ Manager	Name:	28 1
□Member A	c/o The Old Mountain Company . Inc.	☐ Member	Address:	- 10 mm
□Authorized	551 Fifth Ave., Suite 2800	Authorized		
Person	New York, NY 10176	Person		
∃Other	□Other	Other		□Other
	Name:	_ N.,	Numa	
⊠Manager		□Manager	Name.	
□Member	Address:	□Member	Address:	
□Authorized	825 Eighth Avenue	☐ Authorized		
Person	New York, NY 10019	Person		
Other	Other			

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

- 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.

Kevin Droutman, as officer of corporate trustee

Typed or printed name of signec-



Page 1

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

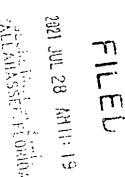
DELAWARE, DO HEREBY CERTIFY "MFVI RESIDENCE LLC" IS DULY FORMED

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 JULY, A.D. 2021.

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





7588266 8300 SR# 20212815014 Authentication: 203774023

Date: 07-27-21