

7/27/2021

Division of Corporations

Florida Department of State
Division of Corporations
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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

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

R. SALY
JUL 29 2021

RECEIVED
2021 JUL 28 AM 9:18
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

2021 JUL 28 AM 11:19
FILED
TALLAHASSEE, FLORIDA

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

IN COMPLIANCE WITH SECTION 605.002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. MFVI RESIDENCE 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. (Date first transacted business in Florida, if prior to registration. See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. c/o The Old Mountain Company, Inc.
(Street Address of Principal Office)
551 Fifth Ave, Suite 2800
New York, NY 10176

6. c/o The Old Mountain Company, Inc.
(Street Address)
551 Fifth Ave, Suite 2800
New York, NY 10176

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

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: C T Corporation System (Registered agent's signature)
Stephanie Hencz Assistant Secretary

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2021 JUL 28 AM 11:15
STATE OF FLORIDA
TALLAHASSEE OFFICE

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:

Manager Name: 1972 Continuation Trust c/o Marshall Field VI

Member Address: c/o The Old Mountain Company, Inc

Authorized 551 Fifth Ave, Suite 2800

Person New York, NY 10176

Other _____ Other _____

Manager Name: Jane Mendillo

Member Address: c/o The Old Mountain Company, Inc

Authorized 551 Fifth Ave., Suite 2800

Person New York, NY 10176

Other _____ Other _____

Manager Name: Daniel L. Mosley

Member Address: c/o Cravath, Swaine & Moore

Authorized 825 Eighth Avenue

Person New York, NY 10019

Other _____ Other _____

Title or Capacity: Name and Address:

Manager Name: _____

Member Address: _____

Authorized _____

Person _____

Other _____ Other _____

Manager Name: _____

Member Address: _____

Authorized _____

Person _____

Other _____ Other _____

Manager Name: _____

Member Address: _____

Authorized _____

Person _____

Other _____ Other _____

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 2021 JUL 28 AM 11:19
 TALLAHASSEE, FLORIDA
 STATE SECRETARY OF STATE

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed 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.

Signature of an authorized person

Kevin Droutman, as officer of corporate trustee

Typed or printed name of signer

Delaware

The First State

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.

2021 JUL 28 AM 11:19
 JEFFREY W. BULLOCK, Secretary of State
 DELAWARE SECRETARY OF STATE

FILED



Jeffrey W. Bullock
 Jeffrey W. Bullock, Secretary of State

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