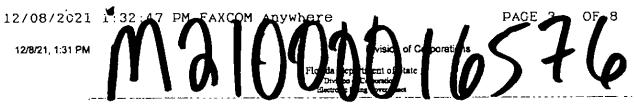
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#### Foreign Limited Linksity Company MIDC Communior LLC

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#### **COVER LETTER**

	gistration Section rision of Corporations	
AT INTEASE	MDC Commuter I	LLC
SUBJECT:		e of Limited Liability Company
The enclosed Existence, as	d "Application by Foreign Limited Liab nd check are submitted to register the ab	ility Company for Authorization to Transact Business in Florida," Certificate of pove referenced foreign limited liability company to transact business in Florida
Please return	all correspondence concerning this ma	tter to the following:
	Jessica Perez	
		Name of Person
		Finn/Company
	700 NW 1st Ave	enue, Suite 1620
		Address
	Miami, FL 3313	6
		City/State and Zip Code
	jessica.perez@f	feci.com
	E-mail address	(to be used for future annual report notification)
For further i	nformation concerning this matter, pleas	se call:
J	essica Perez	<sub>at</sub> 305 520-2366
	Name of Contact Person	Area Code Daytime Telephone Number
Div Rep P.C	AILING ADDRESS: rision of Corporations gistration Section D. Box 6327 llahassee, FL 32314	STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301
	is a check for the following amou \$125.00 Filing Fee  \$130.00 Filin Certificate of	g Fee & S155.00 Filing Fee & S160.00 Filing Fee, Certificate

## 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 MDC Commuter 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 "LL.C.")
2. Delaware 3
(Jurisdiction under the law of which foreign limited hability company is organized)  (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. 161 NW 6th Street, Suite 900
Miami, FL 33136
(Street Address of Principal Office)
6. 161 NW 6th Street, Suite 900
Miami, FL 33136
(Mailing Address)
7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:
Patrick W. Goddard (P); Jeffrey C. Swiatek (CFO, VP); Gary L. Smith (VP, Chief Accounting Officer) 161 NW 6 St, Ste 900 Miami, F 3136
Kolleen Cobb (VP, AS); Juan (Rusty) Godoy (VP); 700 NW 1st Ave, Ste 1620, Miami; FL 38136
Cynthia Bergmann (VP, S, General Counsel); 161 NW 6 St, Ste 900, Miamij FL 35136
8. Attached is an original 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. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)
- Apront
Signature of an authorized person (In accordance with section 605,0203, F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are to am aware that any faise information submitted in a document to the Department of State constitutes a third degree felony as provided for in \$817,155, F.S.)
Kolleen O.P. Cobb. Vice President

Typed or printed name of signee

Statutes.

### CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

If unavailable, the alternate to be used in the state of Florida is:					
2. The name an	d the Florida street ac	ddress of the registered agent and office are:			
	Cynthia Ber	gmann			
	-	(Name)			
	161 NW 6th	Street, Suite 900			
	Florida St	reet Address (P.O. Box NOT ACCEPTABLE)			
	Miami	33136			
		City/State/Zip			

accept the obligations of my position as registered agent as provided for in Chapter 605, Florida

\$ 100.00 Filing Fee for Application

Designation of Registered Agent \$ 25.00

\$ 30.00 Certified Copy (optional)

**Certificate of Status (optional)** 5.00

# Delaware The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "MDC COMMUTER 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 EIGHTH DAY OF DECEMBER, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MDC COMMUTER LLC" WAS FORMED ON THE TWENTY-SECOND DAY OF NOVEMBER, A.D. 2021.

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

Authentication: 204907826

Date: 12-08-21