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To: Department Of State, Division Of Corporations

From: Eyliena Baker

Ext: 61594 Date: 08/23/23 Order #: 1256901-2

Re: RGN-MCA Orlando II, LLC Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Application for Certificate of Authority

Amount to be deducted from our-State Account: \$125.00 - FL State Account Number: I20000000195 auth

Please take the following action: File in your office on basis

Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

COVER LETTER

F 	RGN-MCA Orlando II, LLC	
_	Nan	ne of Limited Liability Company
The enclosed " Existence, and	Application by Foreign Limited Liability check are submitted to register the above	Company for Authorization to Transact Business in Florida." Certificate referenced foreign limited liability company to transact business in Florida.
Please return a	Il correspondence concerning this matter	to the following:
		Name of Person
	RGN-MCA Orlando II, LLC	
		Firm/Company
	15305 N. Dallas Pkwy, 12th Floor	
	-	Address
	Addison, TX 75001	
		City/State and Zip Code
	E-mail address: (to b	e used for future annual report notification)
For further info	ormation concerning this matter, please ca	all:
Mich	elle Hargis	972 361-8100 at ()
	Name of Contact Person	at () Area Code Daytime Telephone Number
Regis Divis P.O.	ng Address: stration Section sion of Corporations Box 6327 thassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810
Please	sed is a check for the following amount: e make check payable to: FLORIDA DE 25.00 Filing Fee	ee & 🔲 \$155.00 Filing Fee & 🖂 \$160.00 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:

(Name of Foreign Limited	1 1 1 C A 1 T 1 T				
	Liability Company; must include "Lim	ited Liability	Company," "L.L.C.," or "LLC.")	,	
(if name unavailable, enter alternate name adop	oted for the purpose of transacting business is	n Florida, The	alternate name must include "Limited Liab	oility Company," "L.L.C,	or "LLC.")
Delaware 2.		3			
(Jurisdiction under the law of which forei	gn limited liability company is organized)	٦.	(FEI number	, if applicable)	
Upon filing					
(Da (Se	te first transacted business in Florida, if prior e sections 605,0904 & 605,0905, F.S. to dete	to registration rmine penalty) abdity)		
15305 N. Dallas Pkwy, 12t	h Floor	6	15305 N. Dallas Pkwy, 12t		
(Street Address of Principal Office)	<u> </u>	6.	(Mailing Address)		
Addison, TX 75001			Addison, TX 75001		
		-			_
		-)73 A	
7. Name and street address of FI	orida registered agent: (P.O. B	ox <u>NOT</u> a	cceptable)	AUG 23	은 고등학
				1111	ESS.
Corp Name:	poration Service Company			P	/t/b
	4 Have Charat	-		्रा चुंद्रा क	
Office Address:	1 Hays Street			· · · · · · · · · ·	
Talls	hassee		32301		
i alla			, Florida(Zip code)		

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	_	Name and Address:
□Manager	Name: Regus Corporation, Sole Memb	□Manager	Name:	
■Member	Address:	□Member	Address:	
□Authorized	15305 N. Dallas Pkwy, 12th Floor	□Authorized		
Person	Addison, TX 75001	Person		
□Other	Other	□Other		□Other
□Manager	Name:	□Manager	Name:	
□Member	Address:	□Member	Address:	
□Authorized		□Authorized		
Person		Person		
□Other	Other	□Other		□Other
□Manager	Name:	□Manager	Name:	
□Member	Address:	□Member	Address:	
□Authorized		□Authorized		
Person		Person		
□Other	Other	□Other		□Other

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.

C3E65558E2AA430 .. Signature of an authorized person

Michael Bonham, Authorized Person

Typed or printed name of signee



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

DELAWARE, DO HEREBY CERTIFY "RGN-MCA ORLANDO II, 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-THIRD DAY OF AUGUST, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "RGN-MCA ORLANDO II, LLC" WAS FORMED ON THE TWENTY-THIRD DAY OF AUGUST, A.D. 2023.

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

Authentication: 204023875

Date: 08-23-23