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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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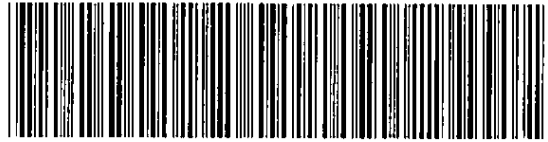
(Business Entity Name)

(Document Number)

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155

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1. MW - S&L JACKSONVILLE 3, LLC

(CORPORATE NAME AND DOCUMENT #)

2. _____
(CORPORATE NAME AND DOCUMENT #)

3. _____
(CORPORATE NAME AND DOCUMENT #)

4. _____
(CORPORATE NAME AND DOCUMENT #)

5. _____
(CORPORATE NAME AND DOCUMENT #)

6. _____
(CORPORATE NAME AND DOCUMENT #)

**SPECIAL
INSTRUCTIONS:**

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: MW - S&L Jacksonville 3, LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Serineh Baghdasarian, Esq.

Name of Person

Sklar Kirsh, LLP

Firm/Company

1880 Century Park East, Suite 300

Address

Los Angeles, CA 90067

City/State and Zip Code

sbaghdasarian@sklarkirsh.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Serineh Baghdasarian, Esq.

310

845-6416

Name of Contact Person

at (_____) _____

Area Code

Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☒ \$155.00 Filing Fee & Certified Copy ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

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. MW - S&L Jacksonville 3, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "L.L.C.")

If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "L.L.C."

2. Delaware 93-4966758
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. N/A
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S., to determine peralty liability)

5. 11100 Santa Monica Blvd., Suite 240 11100 Santa Monica Blvd., Suite 240
(Street Address of Principal Office) (Mailing Address)
Los Angeles, CA 90025 Los Angeles, CA 90025

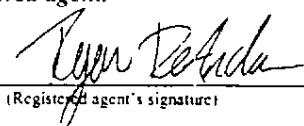
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Registered Agent Solutions, Inc.
Office Address: 155 Office Plaza Drive, Suite A
Tallahassee 32301
(City) Florida (Zip code)

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TALLAHASSEE
FLORIDA

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.


(Registered agent's signature)

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: MW West Jacksonville GP, LLC

☐ Member Address: 11100 Santa Monica Blvd.

☐ Authorized Suite 240

Person Los Angeles, CA 90025

☐ Other ☐ Other

☐ Manager Name: Jae Yi

☐ Member Address: 11100 Santa Monica Blvd.

☒ Authorized Suite 240

Person Los Angeles, CA 90025

☐ Other ☐ Other

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other ☐ Other

Title or Capacity: **Name and Address:**

☐ Manager Name: Paul Fuhrman

☐ Member Address: 11100 Santa Monica Blvd.

☒ Authorized Suite 240

Person Los Angeles, CA 90025

☐ Other ☐ Other

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other ☐ Other

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ 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.



Signature of an authorized person

Serineh Baghdasarian, Esq.

Typed or printed name of signer

Delaware

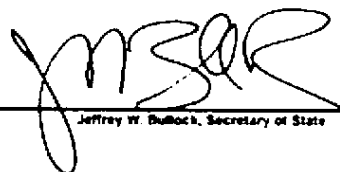
The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MW - S&L JACKSONVILLE 3, 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 JANUARY, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MW - S&L JACKSONVILLE 3, LLC" WAS FORMED ON THE FIFTEENTH DAY OF DECEMBER, A.D. 2023.

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



Jeffrey W. Bullock, Secretary of State

2776036 8300

SR# 20240206327

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

Authentication: 202644997

Date: 01-23-24