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NOV 21 2022 K. Brumbley 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500 ACCOUNT NO. : 12000000195 REFERENCE : 148556 AUTHORIZATION : COST LIMIT : \$ 1,000.00 ORDER DATE: November 18, 2022 ORDER TIME : 9:06 AM ORDER NO. : 148556-015 CUSTOMER NO: 4304847 FOREIGN FILINGS NAME: MD1 STATION, LP XXXX QUALIFICATION (TYPE: LP)

EXAMINER:

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker -- EXT#

CORPORATION SERVICE COMPANY

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: MD1 Station, LP		
Name of Foreign Limit	ed Partnership or Limited	Liability Limited Partnership
The enclosed application, certificate of state partnership to transact business in Florida. Please return all correspondence concerning		to register a foreign limited partnership or limited liability limite
Kellie Hoyt		
Contact Person		_
Barings LLC		
Firm/Company	_	_
300 South Tryon Street, Suite 2500		
Address		_
Charlotte, North Carolina 28202		
City, State and Zip C	Code	_
Kellie.Hoyt@barings.com		
E-mail address: (to be used for future ann	ual report notification)	_
For further information concerning this mat	ter, please call:	
Kellie Hoyt	at (5092340
Name of Contact Person		and Daytime Telephone Number
Enclosed is a check for the following amou	nt:	
□\$1,000.00 Filing Fee (\$965 Filing Fee and \$35 Registered Agent Fee) □\$1.008.75 Filition and Certification Status		
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

APPLICATION BY FOREIGN LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP TO TRANSACT BUSINESS IN FLORIDA

L MD1 Station, LP (Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix) Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd. Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P. or LLLP. If name unavailable, name under which the limited partnership or limited liability limited partnership proposes to register to transact business in Florida; must contain acceptable suffix. State or Country of Formation Date of Formation 4. Federal Employer Identification Number 5. Name of Registered Agent for Service of Process and Florida Street Address: Corporation Service Company 1201 Hays Street Tallahassee, FL 32301 6. 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. Eulina Bahor Signature of Registered Agent 7. Principal Office: 8. Mailing Address: c/o Barings LLC c/o Barings LLC 300 South Tryon Street, Suite 2500 300 South Tryon Street, Suite 2500 Charlotte, North Carolina 28202 Charlotte, North Carolina 28202 9. If limited partnership is a limited liability limited partnership, check box. 10. Name, principal office address, and mailing address of each general partner: Name of General Partner: Miami Douglas One GP LLC Name of General Partner: c/o Barings LLC, 300 S. Tryon St, Ste 250 Street Address: _ Street Address: Charlotte, North Carolina 28202 _____ Mailing Address:___ Mailing Address: Name of General Partner: Name of General Partner: Street Address: Street Address: Mailing Address: Mailing Address:

Page 1 of 2

Name of 0	General Partner:		Name of General	Name of General Partner:	
Street Ad	ldress:		Street Address: _		
					
Mailing A	\ddress:		Mailing Address:		
Note: If the didocument's el 12. Attached i Florida Depar	late inserted in thi ffective date on the is a certificate of	is block does not meet the ap he Department of State's rec existence duly authenticated y the Secretary of State or o	oplicable statutory filing requi ords. I, not more than 90 days prior	filed by the Florida Department of State.) irements, this date will not be listed as the to the delivery of this application to the f the entity's records in the jurisdiction under	
Signed this	17th	day of November	.20 22	_	
		Sign	ature of a general partner	<u>~</u>	

The individual signing this document affirms that the facts stated herein are true and the individual is aware that 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.

Filing Fees:

\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)

Certified Copy (optional): Certificate of Status (optional): \$52.50 \$8.75

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Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "MD1 STATION, LP" 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-FIRST DAY OF NOVEMBER, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MD1 STATION, LP"

WAS FORMED ON THE FOURTEENTH DAY OF NOVEMBER, A.D. 2022.

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



Jeffrey W. Buflock, Secretary of State

Authentication: 204901234