## B2200000533

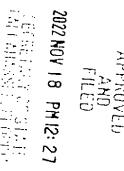
(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					





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K Brampies

#### COVER LETTER

то:	Registration Section Division of Corporations				
SURI	ECT: SIMPLY CAPITAL GROUP LIMITED	PARTNERS	ПР		·-
3015	Name of Foreign Limited Partne	ership or Limite	ed Liability	Limited Partnership	
partne	nclosed application, certificate of status and fee ership to transact business in Florida. e return all correspondence concerning this mat		d to register :	a foreign limited partnershi	p or limited liability limited
EMN	IANUEL MIMRAN				
	Contact Person				
	Firm/Company				
1250	E. HALLANDALE BEACH BLVD.				
	Address				
HAL	LANDALE BEACH, FL 33009				
	City, State and Zip Code				
emn E-r	nanuel@simplycapitalgroup.com nail address: (to be used for future annual repor	t notification)			
For f	urther information concerning this matter, pleas	se call:			
EMI	MANUEL MIMRAN	at ( 754	799-4		_
	Name of Contact Person	Area Co	de and Dayti	ime Telephone Number	
Encl	osed is a check for the following amount:				
□\$1	,000.00 Filing Fee \$1,008.75 Filing Fees	□\$1,052.50	Filing Fees	□\$1,061.25 Filing Fee,	

and Certified Copy

Mailing Address:

(\$965 Filing Fee and

\$35 Registered Agent

Fee)

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

and Certificate of

Status

Street Address:

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

Certified Copy, and

Certificate of Status

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

SIMPLY CAPITAL GROUP LIMITED PARTNERSHIP	
(Name of Limited Partnership or Limited Liabili (cceptable Limited Partnership suffixes: Limited Partnershi (cceptable Limited Liability Limited Partnership suffixes: L	ty Limited Partnership, which must include suffix) ip, Limited, L.P., LP, or Ltd. imited Liability Limited Partnership, L.L.L.P. or LLLP.
If name unavailable, name under which the limited partners business in Florida	hip or limited liability limited partnership proposes to register to transact; must contain acceptable suffix.
DELAWARE	3 FEBRUARY, 2022
State or Country of Formation	Date of Formation
4. Federal Employer Identification Number: 88-0731255	
5. Name of Registered Agent for Service of Process and F	lorida Street Address:
Registered Agents, Inc.	
7901 4th St. N. Ste 300	
St. Petersburg, FL 33702	
of all statutes relative to the proper and complete perform my position as registered agent.	agree to act in this capacity. I further agree to comply with the provisions nance of my duties, and I am familiar with and accept the obligations of the of Registered Agent
Signatur	re of Registered Agent
7. Principal Office:	8. Mailing Address:
1250 E. Hallandale Beach Blvd., Suite 603	1250 E. Hallandele Reach Blud. Suite 603
Hallandale Beach, FL 33009	Hallandale Beach, FL 33009
9. If limited partnership is a limited liability limited par	
10. Name, principal office address, and mailing address	of each general partner:
Name of General Partner: FCP Group LLC	Name of General Partner: MMK Management Group LTD. CORP.
Street Address: 614 ATLANTIC SHORES BLVD, #1	Street Address: 1250 E. Hallandale Beach Blvd., Suite 603
HALLANDALE BEACH, FL 33009	Hallandale Beach, FL 33009
Mailing Address: 614 ATLANTIC SHORES BLVD, #	Mailing Address: 1250 E. Hallandale Beach Blvd., Suite 603
HALLANDALE BEACH, FL 33009	11 P 1 P 22000
Name of General Partner:	Name of General Partner:
Street Address:	
Mailing Address:	Mailing Address:

### Page 1 of 2

Name of General Partner:	Name of General Partner:
Street Address:	Street Address:
	<u> </u>
Mailing Address:	Mailing Address:
Note: If the date inserted in this block does not meet the document's effective date on the Department of State's rate. Attached is a certificate of existence duly authenticate.	gust 25, 2022  staffer the date this document is filed by the Florida Department of State.) supplicable statutory filing requirements, this date will not be listed as the
Signed this day of	,20 22
	Secretary of MMK Group Management LTD
Sig	guature of a general partner
The individual signing this document affirms that the fac submitted in a document to the Department of State cons	ets stated herein are true and the individual is aware that false information stitutes a third degree felony as provided for in s.817.155, F.S.
Filing Fees: Certified Copy (optional): Certificate of Status (optional):	\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee) \$52.50 \$8.75

Page 2 of 2

Page 1

# Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "SIMPLY CAPITAL GROUP LIMITED

PARTNERSHIP" 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 FIFTEENTH DAY OF FEBRUARY,

A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SIMPLY CAPITAL GROUP LIMITED PARTNERSHIP" WAS FORMED ON THE NINTH DAY OF FEBRUARY, A.D. 2022.

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

Authentication: 202670566

Date: 02-15-22