

M20000005249

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

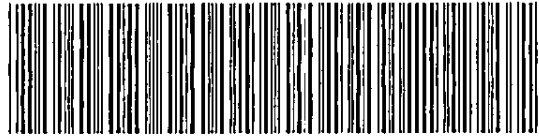
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900346284219

2020 JUN 12 11:04

2020 JUN 12 11:04

T GLASS
JUN 15 2020

FLORIDA FILING & SEARCH SERVICES, INC.

**P.O. BOX 10662 TALLAHASSEE, FL 32302
155 Office Plaza Dr Ste A Tallahassee FL 32301
PHONE: (800) 435-9371; FAX: (866) 860-8395**

DATE: 6/12/20

NAME: 1614 NORTHWEST 13TH, LLC

TYPE OF FILING: APPLICATION

COST: 125.00

RETURN: PLAIN COPY PLEASE

2020 JUN 12 11:59 AM

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

A Hodge

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. 1614 Northwest 13th, 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 "LLC.")

2. California
(Jurisdiction under the law of which foreign limited liability company is organized)

3. _____
(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. 300 Spectrum Center Drive, Suite 300
(Street Address of Principal Office)

6. 300 Spectrum Center Drive, Suite 300
(Mailing Address)

Irvine, CA 92618

Irvine, CA 92618

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

Name: Corp2000, Inc.

Office Address: 155 Office Plaza Drive, Suite A

Tallahassee, Florida 32301
(City) (Zip code)

2003
12
11
9:04

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.

Jennifer McLaughlin
(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: **Manager** **Name and Address:** Name: MMB Management, LLC
 Member Address: 300 Spectrum Center Drive
 Authorized Person Suite 300
Irvine, CA 92618
 Other _____ **Other** _____

Title or Capacity: **Manager** **Name and Address:** Name: Jared K. Mathis
 Member Address: 300 Spectrum Center Drive
 Authorized Person Suite 300
Irvine, CA 92618
 Other _____ **Other** _____

Manager Name: _____
 Member Address: _____
 Authorized Person _____
 Other _____ **Other** _____

Manager Name: _____
 Member Address: _____
 Authorized Person _____
 Other _____ **Other** _____

Manager Name: _____
 Member Address: _____
 Authorized Person _____
 Other _____ **Other** _____

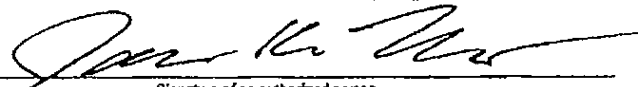
Manager Name: _____
 Member Address: _____
 Authorized Person _____
 Other _____ **Other** _____

2025 JUN 13 11:04 AM '04

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
 Jared K. Mathis

 Typed or printed name of signer

State of California
Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME: 1614 NORTHWEST 13TH, LLC

FILE NUMBER: 202015110670
FORMATION DATE: 05/28/2020
TYPE: DOMESTIC LIMITED LIABILITY COMPANY
JURISDICTION: CALIFORNIA
STATUS: ACTIVE (GOOD STANDING)

I, ALEX PADILLA, Secretary of State of the State of California, hereby certify:

The records of this office indicate the entity is authorized to exercise all of its powers, rights and privileges in the State of California.

No information is available from this office regarding the financial condition, business activities or practices of the entity.

2020 JUN 8 10:06 AM



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of June 8, 2020.

ALEX PADILLA
Secretary of State