

M 21000002501

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

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MAIL

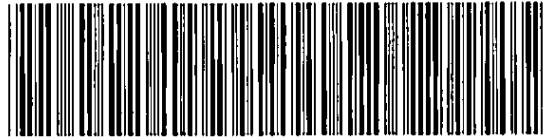
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special instructions to Filing Officer

Office Use Only



300361149543

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SECRETARY OF STATE
CORPORATE SERVICES



2021 MAR -4 PM 2:05

3/5/21

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 690720 4304847

AUTHORIZATION

COST LIMIT : \$160.00



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SECRETARY OF STATE
TALLAHASSEE, FL

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ORDER DATE : March 4, 2021

ORDER TIME : 10:15 AM

ORDER NO. : 690720-005

CUSTOMER NO: 4304847

FOREIGN FILINGS

NAME: MIB SERVICES, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- XX _____ CERTIFIED COPY
- _____ PLAIN STAMPED COPY
- XX _____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland -- EXT# 61592

EXAMINER: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MIB Services, 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:

Jonathan W. Sager
Name of Person
MIB Group, Inc.
Firm/Company
50 Braintree Hill Park, Suite 400
Address
Braintree, MA 02332
City/State and Zip Code
jsager@mib.com
E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

Jonathan W. Sager at (781) 751-6332
Name of Contact Person 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. MIB Services, LLC
(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," or "LLC.")

MIB Services & Paperless Solutions, 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. Delaware 85-4211692
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. December 2, 2020
(Date first transacted business in Florida, if prior to registration. See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 4020 Newbury Road, Suite 200 same as street address
(Street Address of Principal Office) (Mailing Address)
Gainesville, FL 32607

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TALLAHASSEE, FL

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

Name: Corporation Service Company
Office Address: 1201 Hays Street
Tallahassee, Florida 32301
(City) (Zip code)

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.

Deb Reeves Deb Reeves, Assistant Vice President
(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: Brian Winikoff
 Member Address: 50 Braintree Hill Park Ste, 400
 Authorized Braintree, MA 02184
Person _____
 Other _____ Other _____

Title or Capacity: **Name and Address:**
 Manager Name: Trey Reynolds
 Member Address: 50 Braintree Hill Park Ste 400
 Authorized Braintree, MA 02184
Person _____
 Other _____ Other _____

Manager Name: Jonathan W. Sager
 Member Address: 50 Braintree Hill Park Ste. 400
 Authorized Braintree, MA 02184
Person _____
 Other _____ Other _____

Manager Name: MIB Group, Inc.
 Member Address: 50 Braintree Hill Park Ste 400
 Authorized Braintree, MA 02184
Person _____
 Other _____ Other _____

Manager Name: Andrea Caruso
 Member Address: 50 Braintree Hill Park Ste.400
 Authorized Braintree, MA 02184
Person _____
 Other _____ Other _____

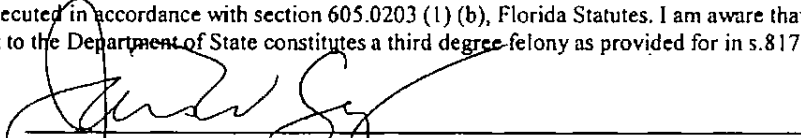
Manager Name: _____
 Member Address: _____
 Authorized _____
Person _____
 Other _____ Other _____

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CLERK OF STATE
TREASURY DEPARTMENT

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
Jonathan W. Sager

Typed or printed name of signee

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MIB SERVICES, 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 FOURTH DAY OF MARCH, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MIB SERVICES, LLC" WAS FORMED ON THE SECOND DAY OF DECEMBER, A.D. 2020.

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

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SECRETARY OF STATE
J.W. BULLOCK




Jeffrey W. Bullock, Secretary of State

3988455 8300

SR# 20210793810

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

Authentication: 202648722

Date: 03-04-21