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Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850)617-6383

From: Account Name : REGISTERED AGENTS INC.  
Account Number : I20090000081  
Phone : (307)200-2803  
Fax Number : (813)436-5206

\*\*Enter the email address for this business entity to be used for annual report mailings. Enter only one email address please

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TALLAHASSEE, FL

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Foreign Limited Liability Company  
MMKC40 LLC

Certificate of Status	0
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2023 DEC 12 PM 1:24  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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. MMKC40 LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

MMKC284 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. NE (Jurisdiction under the law of which foreign limited liability company is organized) 3. 93-4525380 (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. 7901 4th St N STE 300 (Street Address of Principal Office) 6. 7901 4th St N STE 300 (Mailing Address)

St. Petersburg FL 33702

St. Petersburg FL 33702

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

Name: Registered Agents Inc

Office Address: 7901 4th St N STE 300

St. Petersburg, Florida 33702 (City) (Zip code)

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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.

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: Thiel, Mitch

Member                      Address: 7901 4th St N STE 300

Authorized                      St. Petersburg FL 33702

Person \_\_\_\_\_

Other \_\_\_\_\_                       Other \_\_\_\_\_

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

Manager                      Name: Shrader, Chad

Member                      Address: 7901 4th St N STE 300

Authorized                      St. Petersburg FL 33702

Person \_\_\_\_\_

Other \_\_\_\_\_                       Other \_\_\_\_\_

Manager                      Name: Luellman, Kevin

Member                      Address: 7901 4th St N STE 300

Authorized                      St. Petersburg FL 33702

Person \_\_\_\_\_

Other \_\_\_\_\_                       Other \_\_\_\_\_

Manager                      Name: Thiel, Matt

Member                      Address: 7901 4th St N STE 300

Authorized                      St. Petersburg FL 33702

Person \_\_\_\_\_

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.

*Robin Jones*

Signature of an authorized person

Robin Jones

Typed or printed name of signer

# STATE OF NEBRASKA

United States of America, } ss.  
State of Nebraska }

Secretary of State  
State Capitol  
Lincoln, Nebraska

I, Robert B. Evnen, Secretary of State of the  
State of Nebraska, do hereby certify that

**MMKC40 LLC**

**was duly formed under the laws of Nebraska on November 21, 2023;**

**all fees, taxes, and penalties due under the Nebraska Uniform Limited  
Liability Company Act or other law to the Secretary of State have been paid;**

**the Company's most recent biennial report required by section 21-125 has  
been filed by the Secretary of State;**

**the Secretary of State has not administratively dissolved the company;**

**the Company has not delivered to the Secretary of State for filing a Statement  
of Dissolution;**

**a Statement of Termination has not been filed by the Secretary of State.**

*This certificate is not to be construed as an endorsement,  
recommendation, or notice of approval of the entity's financial  
condition or business activities and practices.*

In Testimony Whereof,

I have hereunto set my hand and  
affixed the Great Seal of the  
State of Nebraska on this date of

**December 12, 2023**



Secretary of State