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To:

Division of Corporations

Fax Number : (850)617-6383

From:

SEmail Address:__

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 : (307)200-2803 Phone Fax Number : (813)436-5206

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

Foreign Limited Liability Company
Mint Chin Investments IIC

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Help

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:

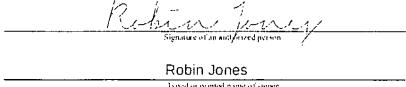
	name adopted for the purpose of transacting business in Fl	orida. The altern	ite name must include "Emitted Liability C	ompany,""(,	L.C." or "LL	. C)
Ohio		3.	88-4164987			
Arrisdiction under the law of which foreign hinned fability company is organized)			(FEI number, if ap)	plicable)		
	(Date first transacted business in Florida, if prior to (See sections 605-0904 X-615-0905, E.S. to determ	registration) ne penalty habili	iλ			
7901 4th St N ST et Address of Principal Office)	E 300	6. <u>79</u> 0	01 4th St N STE 300 (Mading Address)			
St. Petersburg, F	L 33702	St.	Petersburg, FL 33702			
Name and <u>street addres</u>	ss of Florida registered agent: (P.O. Box	NOT accel	Hanle)		1.6	
Name:	Registered Agents Inc			-	OZ FEI	
Name: Office Address.	Registered Agents Inc 7901 4th St N STE 300				942 FEB - 7	
			, Florida <u>33702</u> (Zp.code)	- - - - -	.4:1FEB -7 PH 3: 21	

8. For mitial 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:	Title or Capacity:		Name and Address:	
□Manager	Name: Eric Edenholm	□Manager	Name:		
X Membei	Address: 7901 4th St N STE 300	□Member	Address: _		
□Authorized	St. Petersburg, FL 33702	□Authorized			
Person		Person			
□Other	□Other	□Other		□Other	
□Manager	Name:	□Mnnager	Name:		
□Member	Address:	□Member	Address:	·	
□ Authorized		□Authorized			
Person		Person			
□Other	Other	[]Other]Other	
UManager	Name:	LIManager	Name:		
□Member	Address:	□Member	Address:		
□Authorized		□Authorized			
Person		Person			
Other	Other	□Other		□Other	

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed 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.



Exped or printed name of signee

UNITED STATES OF AMERICA STATE OF OHIO OFFICE OF THE SECRETARY OF STATE

I, Frank LaRose, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities: that said records show MINT CHIP INVESTMENTS, LLC, an Ohio Limited Liability Company, Registration Number 4936275, was organized in the State of Ohio on October 5, 2022, is currently in FULL FORCE AND EFFECT upon the records of this office.



Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 29th day of January, A.D. 2024.

Ohio Secretary of State

Ful John

Validation Number: 202402903374