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☐ PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	of Status		
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Special Instructions to Filing Officer:				
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SECRETARY OF STATE

M. MILLIGAN JUN 3 0 2018



Laci Cheney
Paralegal for Gary Smith
Laci.Cheney@bassdunklin.com
(704) 274-1741

Gary Smith
Attorney
Gary Smith@bassdunklin.com
(704) 274-1664

June 20, 2018

VIA USPS Regular Mail

Florida Division of Corporations PO Box 6327 Tallahassee, Florida 32314

Re: MMAP, LP revised to MMAP IN, LP

To whom it may concern,

Please find enclosed a Certificate of Limited Partnership for the above-referenced entity revised as per your letter number 218A00011893. If you have any questions, feel free to call me directly at (704) 274-1741.

Kind regards,

Bass Dunklin McCullough & Smith, PLLC

Laci Cheney

Paralegal for Gary Smith

Laci Chener

enclosures



June 7, 2018

GARY W. SMITH BASS DUNKLIN MCCULLOUGH & SMITH, PLLC 6302 FAIRVIEW ROAD CHARLOTTE, NC 28210

SUBJECT: MMAP, LP

Ref. Number: W18000053191

We have received your document for MMAP, LP and your check(s) totaling \$1000.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Please print the name and title of each individual signing the document on behalf of the entity(ies) listed as the general partner(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Michelle Milligan
Senjor Section Administrator

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Letter Number: 218A00011893

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: MMAP, LP	
Name of Florida Limited Par	nnership or Limited Liability Limited Partnership
The enclosed Certificate of Limited Partner	ship and fees are submitted for filing.
Please return all correspondence concerning	g this matter to:
GARY W. SMITH	
Contact Person	
BASS DUNKLIN MCCULLOUGH & SMIT	TH, PLLC
Firm/Company	
6302 FAIRVIEW ROAD	
Address	
CHARLOTTE, NC 28210	
City, State and Zip Code	
apisegna@bathfitterusa.com	
E-mail address: (to be used for future annual re	eport notification)
For further information concerning this mat	tter, please call:
GARY W. SMITH	at (704) 274-1664
Name of Contact Person	Area Code and Daytime Telephone Number
Enclosed is a check for the following amou	nt:
\$1,000.00 Filing Fees S1,008.75 Filing Fees and Certificate of S35 Registered Agent Fee)	\$1,052.50 Filing Fees and Certified Copy S1,061.25 Filing Fees, Certified Copy, and Certificate of Status
STREET ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	MAILING ADDRESS: Registration Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

CR2E030 (01/06)

CERTIFICATE OF LIMITED PARTNERSHIP FOR FLORIDA LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP

I.MMAP IN, LP
(Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix) Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd. Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P. or LLLP.
2. 155 OFFICE PLAZA DRIVE, SUITE A
(Street address of initial designated office)
TALLAHASSEE, FL 32301
3. REGISTERED AGENTSLEGAL SERVICES, LLC
(Name of Registered Agent for Service of Process)
4 155 OFFICE PLAZA DRIVE, SUITE A
(Florida street address for Registered Agent)
TALLAHASSEE, FL 32301
5. 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. Signature of Registered Agent
455 055105 01 474 001/55 4
6. 155 OFFICE PLAZA DRIVE, SUITE A (Mailing address of initial designated office)
, · · · · · · · · · · · · · · · · · · ·
TALLAHASSEE, FL 32301
7. If limited partnership elects to be a limited liability limited partnership, check box

8. Name and business address of eac Name: North Carolina		al partner: <u>Business Address:</u>
MARTIN USA CORPORATION	_	8200 ARROWBRIDGE BLVD., SUITE G
		CHARLOTTE, NORTH CAROLINA 28273
ANTOSA, LLC	_	6125 GOUIN EAST
		MONTREAL, QUEBEC H1G 5X2
	-	
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	_	
		EDRETAR AHASS
	_	Ä. O
9. Effective date, if other than the date of fi	ling:	AH IO: 21 FLORIO
(Effective date cannot be prior to not filed by the Florida Department of St		han 90 days after the date the document is
Signed this 22 no day of	MAY	2018
stated herein are true. I/We am/are a	ware tha	nit this document and affirm that the facts any false information submitted in a ates a third degree felony as provided for in
1-1-		MARTIN MARTIN, PRESIDENT
- 77	_	ANTONIO PISEGNA, MANAGER
Filing Fees: Certified Copy (optional): Certificate of Status (optional):	\$52.50 \$8.75	.00 (\$965 Filing Fee and \$35 Registered Agent Fee) 2 of 2