

F16000004371

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

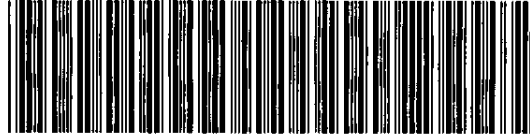
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 7, 2016

DAVID FANT
2285 SOUTHGATE DR SE
GRAND RAPIDS, MI 49508 US

SUBJECT: MMP LIST MANAGEMENT, INC.
Ref. Number: W16000061264

We have received your document for MMP LIST MANAGEMENT, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence or certificate of good standing, which usually consists of a single sheet of paper that clearly reflects the entity is a valid entity in its home state/country. You can obtain the certificate of existence or certificate of good standing from the same office that provided you with the certified copy.

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.

Yasemin Y Sulker
Regulatory Specialist II

Letter Number: 516A00018854

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

MMP List Management, Inc.

1. _____
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

MI 81-1380940

2. _____ 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)

February 1, 2016

4. _____ 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

None to date

6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

2285 Southgate Dr SE, Grand Rapids MI 49508

7. _____
(Principal office address)

(Current mailing address, if different)

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

Gerald Milligan

Name: _____

15590 Hawker Lane

Office Address: _____

Wellington

33414

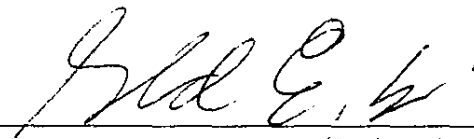
(City)

, Florida

(Zip code)

9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation 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.



(Registered agent's signature)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

16 SEP 23 PM 12:46
U.S. DEPT. OF STATE

11. Names and business addresses of officers and/or directors:

A. DIRECTORS

David Fant

Chairman:

2285 Southgate Dr SE

Address:

Grand Rapids MI 49508

Vice Chairman:

Address:

Director:

Address:

Director:

Address:

B. OFFICERS

David Fant

President:

2285 Southgate Dr SE

Address:

Grand Rapids MI 49508

Vice President:

Address:

Secretary:

Address:

Treasurer:

Address:

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

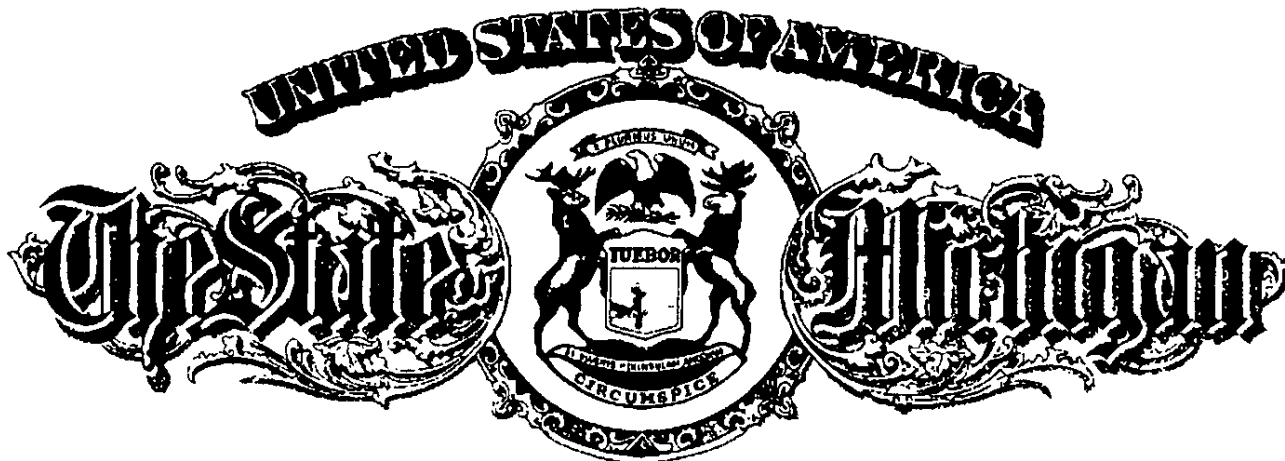
12. 

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that 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.

13. DAVID FANT President

(Typed or printed name and capacity of person signing application)



Department of Licensing and Regulatory Affairs

Lansing, Michigan

This is to Certify That

MMP LIST MANAGEMENT, INC.

was validly incorporated on July 16, 2015, as a Michigan profit corporation, and said corporation is validly in existence under the laws of this state.

This certificate is issued pursuant to the provisions of 1972 PA 284, as amended, to attest to the fact that the corporation is in good standing in Michigan as of this date and is duly authorized to transact business and for no other purpose.

This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit given it in every court and office within the United States.

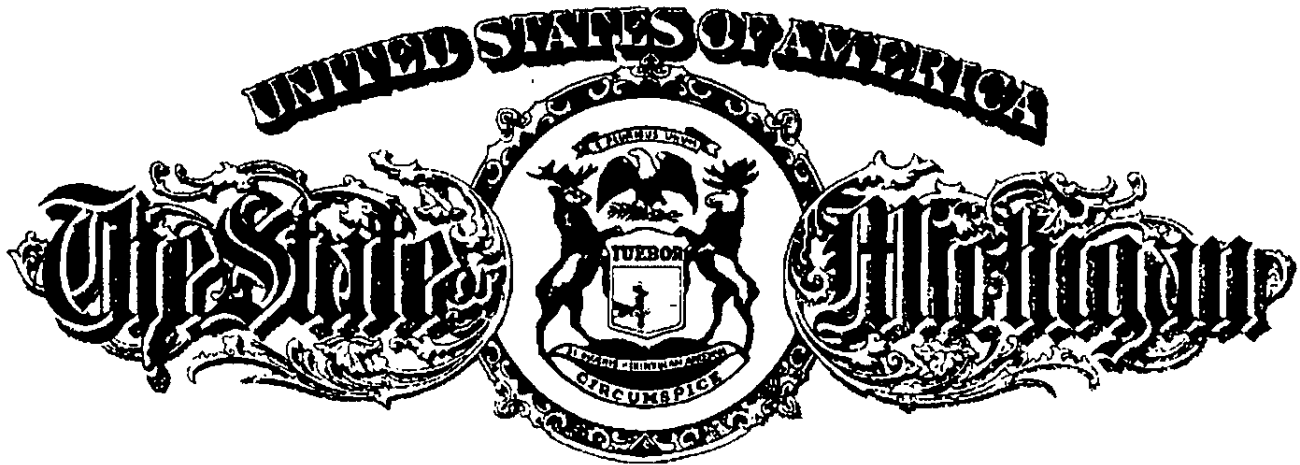


Sent by Facsimile Transmission
1409006

In testimony whereof, I have hereunto set my hand, in the City of Lansing, this 24th day of August, 2016.

Julia Dale

Julia Dale, Director
Corporations, Securities & Commercial Licensing Bureau



Department of Licensing and Regulatory Affairs

Lansing, Michigan

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Julia Dale, Director
Corporations, Securities & Commercial Licensing Bureau