# F18000005797

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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	





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SECRETARY OF STATE

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## CPA ASSOCIATES, LLP

CERTIFIED PUBLIC ACCOUNTANTS

MEMBERS

PALM CITY PROFESSIONAL BUILDING SUITE 203 TELEPHONE 772-288-3797 FACSIMILE 772-288-3723

AMERICAN INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS

2646 SW MAPP ROAD PAEM CITY, FLORIDA 34990 PACSIMILE 772-288-3725

FLORIDA INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS

TOLL FRIEE 800-737-0639

### **FILING INSTRUCTIONS**

#### MMG MANAGEMENT CORP.

FL – Application for Authorization to Transact Business

11/20/18 Alche#/100 270

SIGNATURES Quentin to sign in two places:

On page 2 – as registered agent On page 3 – as director/officer

PAYMENT DUE \$70.00

PAYABLE TO FL Department of State

MAIL TO Registration Section

Division of Corporations

PO Box 6327

Tallahassee, FL 32314

DATE DUE As Soon As Possible

OTHER Enclosed Louisiana certificate of status

should be attached to the form

# **COVER LETTER**

TO:	O: Registration Section Division of Corporations					
SUBJ	ECT: MMG MANAGEMENT CORP.					
	Name o	f corporation	- must include suffix			
Dear S	Sir or Madam:					
"Certif	nclosed "Application by Foreign Corficate of Existence," or "Certificate or referenced foreign corporation to tra	of Good Stan	ding" and check are sub	ct Business in Florida." omitted to register the		
Please	return all correspondence concernin	g this matter	to the following:			
CHRIS	TINE FRIES					
		Name of I	erson erson			
CPA A	SSOCIATES LLP					
-		Firm/Com	pany			
2646	SW MAPP RD STE 203					
		Addre	SS			
PALM	CITY FL 34990					
		City/State an	id Zip code			
QGREE:	N@MILLERGREENLP.COM					
-		(to be used fo	or future annual report r	notification)		
For fur	ther information concerning this ma	tter, please ca	all:			
CHR I S'	TINE FRIES a	t (772) 28	8-3797			
	Name of Person	Area Code		none Number		
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee. FL 32301		Registration Se Division of Co P.O. Box 6327	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			
	ed is a check for the following amou .00 Filing Fee	Fee &	\$78.75 Filing Fee & Certified Copy	☐ \$87.50 Filing Fee. Certificate of Status & Certified Copy		



December 5, 2018

CHRISTINE FRIES CPA ASSOCIATES LLP 2646 SW MAPP RD., STE. 203 PALM CITY, FL 34990

SUBJECT: MMG MANAGEMENT CORP.

Ref. Number: W18000105335

We have received your document for MMG MANAGEMENT CORP. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company, "Corporation," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp." Please enter the alternate corporate name in the space provided in number one of the application.

doll

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 (805) 245-6000.

Brenda L Vorisek Director

Letter Number: 818A00025014

## 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.

	EMENT CORP.			
(Enter name of "Inc.," "Co.," '	f corporation; must include "INCORPORATE "Corp." "Inc." "Co." or "Corp.")	ED." "COMPANY," "CORPORATION,"		
mm e	REEN MANAGEMENT	CORP.		
(1f name unava	tilable in Florida, enter alternate corporate na	me adopted for the purpose of transacting bus	iness in Florida)	
2. LOUISIANA		72-1458836		
(State or cour	ntry under the law of which it is incorporated)	(FEI number, if applicat	ole)	
4. 09/28/1999		5		
(Da	ite of incorporation)	(Date of duration, if other than	perpetual)	
6.				
	(Date first transacted busines	ss in Florida, if prior to registration)		
	(SEE SECTIONS 607.1501 & 607	7.1502, F.S., to determine penalty liability)		
7 1900 BRUMB	BLE RD., CHULUOTA, FL 32766			
	(Prir	ncipal office address)	313 ALL:	
			FCKE	
	(Current ma	niling address, if different)	ASSE C	
8. Name and str	eet address of Florida registered agent: (	P.O. Box <u>NOT</u> acceptable)	PILED  DEC 13 PH 1: 28  ANN OF STATE  ANN SSEE, FLORIDA	
Name:	QUENTIN L GREEN, II		: 28	
Office Address:	1900 BRUMBLE RD		-	
	CHULUOTA	Florida 32766		
	(City)	(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.

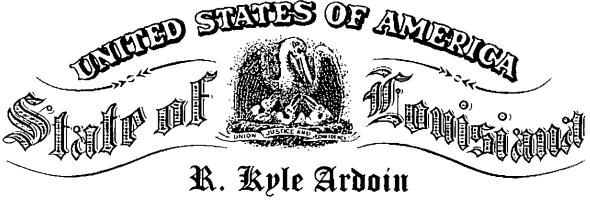
(Registered agent's signature)

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.

11. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: QUENTIN L GREEN, II Address: 1900 BRUMBLE RD CHULUOTA FL 32766 Vice Chairman: Address: \_\_\_\_\_ B. OFFICERS President: QUENTIN L GREEN, II Address: 1900 BRUMBLE RD CHULUOTA FL 32766 Vice President: Address: NOTE: If necessary, you may attach an addendym to the application listing additional officers and/or directors. 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. QUENTIN L GREEN, II, PRESIDENT



SECRETARY OF STATE

As Secretary of State of the State of Louisiana I do hereby Certify that

the Articles of Incorporation of

#### MMG MANAGEMENT CORP.

Domiciled at LAFAYETTE, LOUISIANA,

Were filed in this Office and a Certificate of Incorporation was issued on September 28, 1999,

I further certify that no Certificate of Dissolution or Termination has been issued.

In testimony whereof, I have hereunto set my hand and caused the Seal of my Office to be affixed at the City of Baton Rouge on,

November 19, 2018

R 12fe 162 Secretary of State

Web 34843268D



Certificate ID: 11015568#JUL73

To validate this certificate, visit the following web site, go to Business Services, Search for Louisiana Business Filings, Validate a Certificate, then follow the instructions displayed. www.sos.la.gov