

F20000002910

(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:

6/29 Received corrected paper-work
6/30 Receive last address WDC
Per email from Lisa Reed WDC

6/30
JL

Office Use Only



400345284024

06/09/20 -01002--000 **70.00

RECEIVED

JUN 8 2020

FILED
20 JUN 30 PM 6 15
U.S. DISTRICT COURT
DISTRICT OF COLUMBIA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: M.M.D. INC.

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

LISA REED

Name of Person

M.M.D. INC.

Firm/Company

1868 CAMPUS PL

Address

LOUISVILLE KY 40299

City/State and Zip code

ldreed@malonesolutions.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LISA REED

502

456-2380

at ()

Name of Person

Area Code

Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

- ☒ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status ☐ \$78.75 Filing Fee & Certified Copy ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

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.

1. M.M.D. INC.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co." or "Corp.")
- M.M.D. FL INC.
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. ILLINOIS 3. 36-3815614
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 3/30/1992 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)
6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 1868 CAMPUS PL LOUISVILLE KY 40299
(Principal office street address)

(Current mailing address, if different)

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

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee, Florida 32301
(City) (Zip code)

FILED
20 JUN 30 PM 6:15
TALLAHASSEE, FLORIDA

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.

Corporation Service Company

By: Sonyia Cordell
(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. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A. DIRECTORS

☐ Chairman Name: TIMOTHY MALONE

☐ Vice Chairman Address: 546 Primrose

☐ Director _____

☒ President LOUISVILLE KY 40206

☐ Vice President _____

☐ Secretary ☐ Treasurer

☐ Other _____ ☐ Other _____

☐ Chairman Name: JOSEPH MALONE

☐ Vice Chairman Address: 3612 Trail Ridge Rd

☐ Director _____

☐ President LOUISVILLE KY 40241

☐ Vice President _____

☒ Secretary ☐ Treasurer

☐ Other _____ ☐ Other _____

☐ Chairman Name: _____

☐ Vice Chairman Address: _____

☐ Director _____

☐ President _____

☐ Vice President _____

☐ Secretary ☐ Treasurer

☐ Other _____ ☐ Other _____

☐ Chairman Name: TERRANCE MALONE

☐ Vice Chairman Address: 2351 Ingleside

☐ Director _____

☐ President LOUISVILLE KY 40205

☒ Vice President _____

☐ Secretary ☐ Treasurer

☐ Other _____ ☐ Other _____

☐ Chairman Name: _____

☐ Vice Chairman Address: _____

☐ Director _____

☐ President _____

☐ Vice President _____

☐ Secretary ☐ Treasurer

☐ Other _____ ☐ Other _____

☐ Chairman Name: _____

☐ Vice Chairman Address: _____

☐ Director _____

☐ President _____

☐ Vice President _____

☐ Secretary ☐ Treasurer

☐ 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.

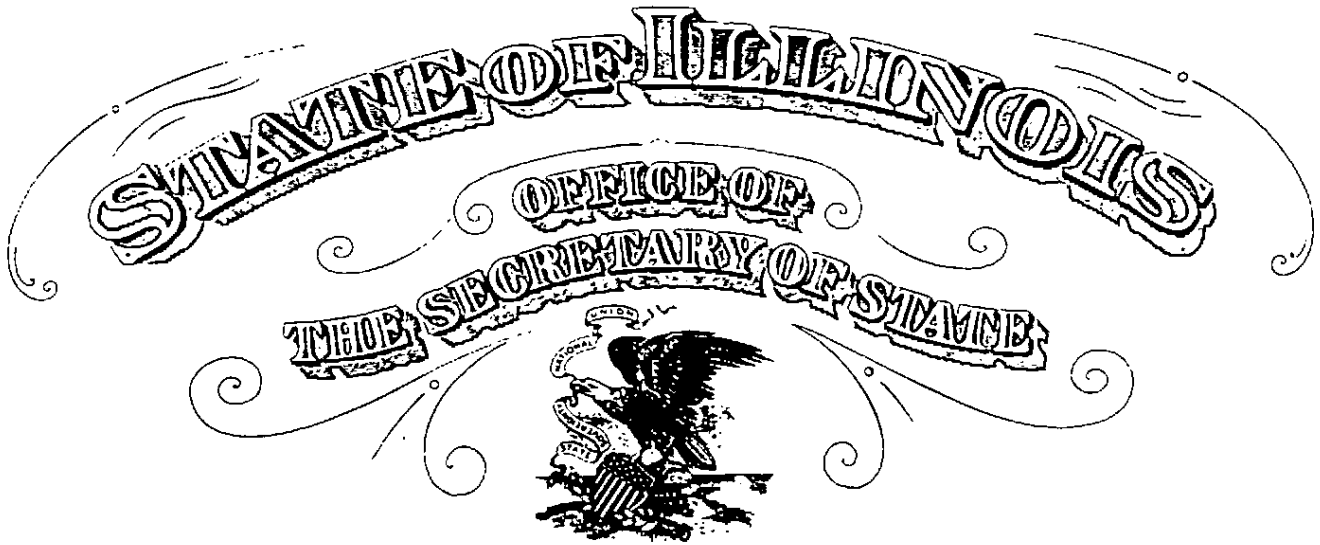
12. Terrance Malone
Signature of Director or Officer

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

File Number

5677-849-7



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

M.M.D. INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON MARCH 30, 1992, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set
my hand and cause to be affixed the Great Seal of
the State of Illinois, this 19TH
day of MAY A.D. 2020 .

Jesse White

SECRETARY OF STATE



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 12, 2020

LISA REED
M.M.D. INC.
1868 CAMPUS PL
LOUISVILLE, KY 40299 US

SUBJECT: M.M.D. INC.
Ref. Number: W20000059326

We have received your document for M.M.D. INC. and check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Please list the complete principal office address.

Pursuant to s.605.0902(1)(e), Florida Statutes, the document must contain the name, title or capacity and address of at least one person who has the authority to manage the foreign limited liability company.

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

Laura D Chang
Regulatory Specialist II

Letter Number: 520A00011631

RECEIVED

JUN 26 2020

Chang, Laura D.




From: Lisa D. Reed <Lisa.Reed@malonesolutions.com>
Sent: Tuesday, June 30, 2020 8:40 AM
To: Chang, Laura D.
Subject: RE: M.M.D. INC

EMAIL RECEIVED FROM EXTERNAL SOURCE

Joseph Malone
3612 Trail Ridge Rd
Louisville KY 40241

Thank you for your help!

Lisa Reed | Compliance & Tax Manager

office: 502.212.5528 | fax: 502.456.2389 | connect:   

What's your workforce challenge? We can help. Learn more at MaloneSolutions.com

MALONE



From: Chang, Laura D. <Laura.Chang@dos.myflorida.com>
Sent: Tuesday, June 30, 2020 8:23 AM
To: Lisa D. Reed <Lisa.Reed@malonesolutions.com>
Subject: M.M.D. INC

I am in receipt of the paperwork that was returned.
There is still one address missing for a member:
Joseph Malone

Please forward the complete address to me via email so
That I may continue with the processing.

Thank You.

Laura Chang
Regulatory Specialist II
Department of State
Division of Corporations
Telephone: (850) 245-6051
Fax: (850) 245-6597
Email: Laura.Chang@dos.myflorida.com