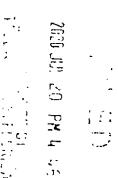
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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
(Bı	usiness Entity Name)
(De	ocument Number)	
Certified Copies	Certificates o	f Status
Special Instructions to	Filing Officer:	

Office Use Only



800347720898



H/20/20/

CORPORATION SERVICE COMPANY

1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 334946

COST LIMIT :

AUTHORIZATION :

ORDER DATE: June 24, 2020

ORDER TIME : 10:24 AM

ORDER NO. : 334946-005

CUSTOMER NO: 7776623

FOREIGN FILINGS

NAME: MONTLAKE MANAGEMENT

CORPORATION

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_ CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Robinson -- EXT# 62968

EXAMINER:

COVER LETTER

	egistration Section ivision of Corporations						
SUBJEC	T: Montlake Management Corp	oration					
		of corporation	ı - must i	nclude suffix		<u> </u>	
Dear Sir c	r Madam:						
"Certifica	sed "Application by Foreign Co te of Existence," or "Certificate trenced foreign corporation to to	of Good Star	iding" ar	id check are sub	ect Business ir smitted to reg	Floridates	a." ~
Please return all correspondence concerning this matter to the following:		τ		DO THE			
		Name of	Person	· · · · · · · · · · · · · · · · · · ·		`` .	(2)
						- 1	-D
		Firm/Con	трапу				PH 4. 4.
		Addr	ess			7.7	<u></u>
		City/State a	nd Zip c	ode			 . _
	E-mail address	: (to be used i	for future	annual report	notification)		
For furthe	r information concerning this m	atter, p l ease c	all:				
		at ()				
N	ame of Person	Area Cod	<u> </u>	Daytime Telep	hone Number		
Ro Di Ti 24	FREET/COURIER ADDRESS egistration Section vision of Corporations be Centre of Tallahassee 15 N. Monroe Street, Suite 810 Illahassee, FL 32303			MAILING A Registration S Division of C P.O. Box 632 Tallahassee, F	ection orporations 7		
Enclosed i Please make □ \$70.00	s a check for the following amost check payable to: FLORIDA DE Filing Fee	EPARTMENT g Fee & □	3 \$7 8.75	TE Filing Fee & ed Copy	□ \$87.50 Certific Certific	ate of S	Status &

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.

(Enter name of c	orporation; must include "INCORPORATED, orp." "Inc." "Co," or "Corp.")	" "COMPANY," "CORPORATION,"		·
1371	able in Florida, enter alternate corporate name 3. y under the law of which it is incorporated)	•		
4. 03/0	Permetural			
	of incorporation)	(Date of duration, if other than p	erpetuai)	70:01
7. 30765 Pacific Co	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.15 ast Hwy, #138 Malibu, CA : 40265	n Florida, if prior to registration) 502, F.S., to determine penalty liability)	5.7 	32 16
(Same as above)	(Principal offi	ice <u>street</u> address)		<u> </u>
	(Current mailir	ng address, if different)		t
8. Name and <u>stree</u> Name:	et address of Florida registered agent: (P.C. Corporation Service Company	D. Box <u>NOT</u> acceptable)		
Office Address:	1201 Hays Street	***************************************		
	Tallahassee	Florida 32301		
	(City) (Zip code)			
designated in this	Tallahassee (City)	nent as registered agent and agree to a	ict in this	capacin

and I am familiar with and accept the obligations of my position as registered agent.

Amanda Robinson Asst. Vice President

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							
□ Chairmian	Name: Nicholas Shurgot	□Chairman					
□Vice Chairman	Address: 30765 Pacific Coast Hwy, 138	□Vice Chairman	Address:	Address: 30765 Pacific Coast Hwy, #138			
□ Director	Malibu, CA 90265	□Director	Malibu, CA 90265				
President		□President					
□Vice President		_ □Vice President					
□Secretary	□ Treasurer	□Secretary:		□Treasurer			
∃Other	COther	Other Sharehold	ler	□Other			
□Chairman	Name:	_	Name:	722			
□Vice Chairman	Address:	□Vice Chairman	Address:	120			
Director		_ Director					
□ President		□President					
□Vice President		□Vice President					
II Secretary	□Treasurer			⊡Treasurer			
□Other		□Other		□Other			
□Chairman	Name:	☐Chairman	Name:				
□Vice Chairman	Address:	□Vice Chairman	Address:				
Director		_ Director					
T.President		□President					
□Vice President		□Vice President					
□Secretary	Treasurer	☐ Secretary		□Treasurer			
□Other	COther	□Other		□Other			
Important Notice: Individuals may be		The attachment will be imaged epartment of State Annual Rep President	l for reporting port form.	purposes only. Non-indexed			
she is aware that fa s.817.155, F.S.	ctor signing this document (and who is listed in lise information submitted in a document to the	number 11 above) affirms the Department of State constitut	it the facts stat les a third degr	ted herein are true and that he or ree felony as provided for in			
Nicholas Sh	argot						



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "MONTLAKE MANAGEMENT CORPORATION" IS

DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN

GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE

RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-FOURTH DAY OF JUNE,

A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MONTLAKE MANAGEMENT CORPORATION" WAS INCORPORATED ON THE THIRD DAY OF MARCH,

A.D. 2008.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE
BEEN PAID TO DATE.

Authentication: 203171389

Date: 06-24-20