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DECENTED STATES

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

Phone: 850-558-1500

	ACCOUNT NO. : 12000000195			
	REFERENCE : 333493 4311639			
	AUTHORIZATION: Siell Reson			
	COST LIMIT : \$ 78.75			
ORDER DATE :	December 15, 2021			
ORDER TIME :	9:44 AM			
ORDER NO. :	333493-005			
CUSTOMER NO:	4311639			
		_		
		_		
	FOREIGN FILINGS			
NAME:	MBP INTERMEDIATE CORPORATION			

<u>XX</u>		O COPY AMPED COPY ATE OF GOOD ST	ANI	DING		
CONTACT	PERSON:	Eyliena Baker		EXT#		

## 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.

MBP Intermedi				
(Enter name of c	corporation; must include "INCORPORATED corp," "Inc," "Co," or "Corp.")	," "COMPANY," "CORPORATION,"		
7.0	. 1.1. '. Planida cartor alternata comorata name	adopted for the purpose of transacting business in Florida)		
2. Delaware	y under the law of which it is incorporated)	87-1007106  (FEI number, if applicable)		
	,			
4. May 18, 2021	5.	(Date of duration, if other than perpetual)		
(Date	of incorporation)	(Date of duration, it other than perpendict)		
6		in Florida, if prior to registration) 502, F.S., to determine penalty liability)		
, c/o Boyne Capita	l Partners, 3350 Virginia St., Suite 400, Miam	ni, FL 33133		
<i>t</i>	(Principal of	fice <u>street</u> address)		
	(Current maili	ng address, if different)		
8. Name and street	et address of Florida registered agent: (P.	O. Box NOT acceptable)		
Name: CORPORATION SERVICE COMPANY				
Office Address:	1201 HAYS STREET	<del></del> ·		
J.1.00 1,00,000.	TALLAHASSEE	Florida 32301-2525		
	(City)	, Florida 32301-2525 (Zip code)		
designated in this further agree to c and I um familiar —	ted as registered agent and to accept serve application, I hereby accept the appoint omply with the provisions of all statutes to with and accept the obligations of my possible the accept the obligations of the Assistant Vice Provisions of Experimental Control of the Assistant Vice Provisions of	MUC endent signature)		
10. Attached is a the Department of	certificate of existence duly authenticated State, by the Secretary of State or other of	, not more than 90 days prior to delivery of this application to official having custody of corporate records in the jurisdiction		

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

under the law of which it is incorporated.

## A. DIRECTORS Derek A. McDowell Name: \_ □ Chairman Name: □ Chairman Address: \_\_\_\_\_\_ □ Vice Chairman ☐Vice Chairman Address: c/o Boyne Capital Partners Director □Director 3350 Virginia St., Suite 400 □ President President Miami, FL 33133 □Vice President ☐ Vice President □Treasurer Treasurer ☐ Secretary □ Secretary □Other \_\_\_\_\_ Other \_\_\_\_\_ □Other \_\_\_\_\_ □Other \_\_\_\_\_ Name: \_\_\_\_ □ Chairman □ Chairman Name: c/o Boyne Capital Partners Address: Address: ☐ Vice Chairman ☐ Vice Chairman 3350 Virginia St., Suite 400 □ Director □ Director Miami, FL 33133 □ President □President ☐ Vice President ■ Vice President \_ □ Secretary ☐Treasurer Treasurer □ Secretary □Other □Other \_\_\_\_ ☐Other \_\_\_\_\_ □ Other \_\_\_\_\_ Joshua Bilmes □ Chairman Name: \_\_\_\_\_\_ ☐ Chairman c/o Boyne Capital Partners □Vice Chairman Address: ☐ Vice Chairman 3350 Virginia St., Suite 400 Director ☐ Director Miami, FL 33133 ☐ President ☐ President ☐ Vice President ■ Vice President ☐ Treasurer □ Secretary ■ Secretary Treasurer □Other \_\_\_\_\_ □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. 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

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 of 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.

Derek A. McDowell, President



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

DELAWARE, DO HEREBY CERTIFY "MBP INTERMEDIATE 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 FIFTEENTH DAY OF DECEMBER, A.D.

2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MBP INTERMEDIATE CORPORATION" WAS INCORPORATED ON THE EIGHTEENTH DAY OF MAY, A.D. 2021.

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



Authentication: 204993060

Date: 12-15-21

5925444 8300 SR# 20214111040