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COVER LETTER

	tration Section				
SUR IFCT.	MMK MANA	GEMENT GROUP LTD			
SOBJECT.		Name of corporati	on - must	include suffix	
Dear Sir or M	adam:				
"Certificate of	f Existence," o	y Foreign Corporation for "Certificate of Good St poration to transact busi	anding" a	and check are subn	
Please return	ali corresponde	ence concerning this mate	er to the	following:	
Jas Kalsi					
		Name o	of Person	- '	
		Firm/Co	mpany		
1250 E. Hallar	idale Beach Blv	i., STE 603			
		Ad	dress		
Hallandale Bea	ach, FL 33009				
		City/State	and Zip	code	
Jas@simplyca	pitalgroup.com E	-mail address: (to be use	d for futu	re annual report n	otification)
For further in		erning this matter, please		·	
Jas Kalsi		at (754	<u>799</u>	9-4887	
Nam	e of Person	Area C	ode	Daytime Teleph	ione Number
Regis Divis The 0 2415	EET/COURIE stration Section ion of Corpora Centre of Tallal N. Monroe Str hassee, FL 32	tions nassee eet, Suite 810		MAILING AI Registration Se Division of Co P.O. Box 6327 Tallahassee, Fl	ection rporations
Enclosed is a Please make ch □ \$70.00 Fil	eck payable to:	following amount: FLORIDA DEPARTMENT \$78.75 Filing Fee & Certificate of Status	□ \$ 78.7	TATE 75 Filing Fee & Ified Copy	S87.50 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.

			ng business in Florida)	
Delaware		3. 88-0598959		
(State or countr	y under the law of which it is incorporated)	(FEI number, if applicable)		
January 31, 202	2	5		
	of incorporation)	(Date of duration, if other than perpetual)		
		s in Florida, if prior to registration)	14 N	
	•	7.1502, F.S., to determine penalty liabil:	1ty)	
1250 E. Hallanda	le Beach Blvd., STE 603, Hallandale Beach			
	(Principal	office street address)		
		11 14 'C 1'CC		
	(Unfrent ma	iling address, if different)		
	(~ ~ ~	
N 1.4	,	D.O. Doy, MOT accentable)	2022 A	
Name and street	et address of Florida registered agent: (P.O. Box <u>NOT</u> acceptable)	2022 NOV	
Name and stree	,	P.O. Box <u>NOT</u> acceptable)	2022 NOV 1 8	
Name:	et address of Florida registered agent: (Registered Agents, Inc.	P.O. Box <u>NOT</u> acceptable)	20 	
	et address of Florida registered agent: (20 	
Name:	et address of Florida registered agent: (Registered Agents, Inc.	P.O. Box NOT acceptable) , Florida 33702 (Zip code)	2022 NOV 18 AM II: 4 34 Oktober 17 State 144 (148 Sept.) Electron	

(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.

A. DIRECTORS Name: Emmanuel Mimran Name: Jas Kalsi ☐ Chairman □ Chairman Address: 4472 Dawson Street Address: 5603 Borden Av ☐ Vice Chairman ☐Vice Chairman Burnaby BC V5C 0J9 Montreal Oc H4V 2T9 □ Director Director ☐ President □President ■ Vice President □Vice President ☐ Treasurer ☐ Secretary **■**Secretary Treasurer □ Other _____ □Other _____ □Other _____ Other ____ Name: _____ Name: ______ □ Chairman ☐ Chairman ☐ Vice Chairman Address: □Vice Chairman Address: □Director Director ☐ President □President ☐ Vice President □Vice President Treasurer ☐ Treasurer □ Secretary □ Secretary □Other _____ □Other _____ □Other _____ Other _____ ☐ Chairman Chairman Name: Name: ☐ Vice Chairman Address: _____ □Vice Chairman Address: ☐ Director □ Director ☐ President ☐ President □Vice President _____ ☐ Vice President Treasurer □ Secretary Treasurer □ Secretary □Other _____ 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 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.

Emmanuel Mimran

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "MMK MANAGEMENT GROUP LTD." 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 SEVENTEENTH DAY OF NOVEMBER, A.D.

2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MMK MANAGEMENT GROUP LTD." WAS INCORPORATED ON THE THIRTY-FIRST DAY OF JANUARY, A.D. 2022.

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

Authentication: 204883403

Date: 11-17-22

6583705 8300 SR# 20224045942

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