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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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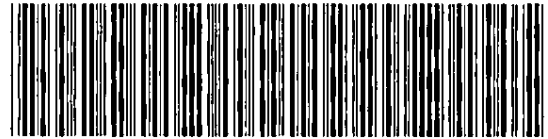
(Business Entity Name)

(Document Number)

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**Jazmin Blair**

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Writer's Direct Fax: 214.751.2397

E-mail: [jblair@associaonline.com](mailto:jblair@associaonline.com)

February 7, 2024

Florida Department of State  
ATTN: Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

RE: *Application by Foreign Corporation for Authorization to Transact Business in Florida – Associa Client Shared Services Center, Inc. and MMG Management, LLC*

To whom it may concern:

Enclosed, please find an Application by Foreign Corporation for Authorization to Transact Business in Florida for Associa Client Shared Services Center, Inc. and MMG Management, LLC. I have included Check No. 75582 in the amount of \$70.00 and Check No. in the amount of \$125.00 for said filings.

If you have any questions or need further information, please feel free to contact me at 972.661.4424 or email at [jblair@associaonline.com](mailto:jblair@associaonline.com). Thank you so much for your assistance.

Regards,

Jazmin Blair  
Paralegal/Legal Admin

Enclosures

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Associa Client Shared Services Center, 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:

Brian Kruppa  
\_\_\_\_\_  
Name of Person  
Legal Dept.  
\_\_\_\_\_  
Firm/Company  
5401 N Central Expy., Ste 300  
\_\_\_\_\_  
Address  
Dallas, TX 75205  
\_\_\_\_\_  
City/State and Zip code  
legal@associaonline.com  
\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jazmin Blair at ( 972 ) 661.4424  
\_\_\_\_\_  
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. Associa Client Shared Services Center, Inc.  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Texas 3. 37-1592620  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 1/16/2008 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. 1225 Alma Rd., #100 Richardson, TX 75081  
(Principal office street address)

(Current mailing address, if different)

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

Name: C T Corporation System  
Office Address: 1200 South Pine Island Rd  
Plantation, Florida 33324  
(City) (Zip code)

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**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.*

**STEPHANIE HENCZ, ASSISTANT SECRETARY**

(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: John J Carona  
 Vice Chairman Address: \_\_\_\_\_  
 Director 5401 N Central Expy.. #300  
 President Dallas, TX 75205  
 Vice President \_\_\_\_\_  
 Secretary  Treasurer  
 Other \_\_\_\_\_  Other \_\_\_\_\_

Chairman Name: Helen E. Carona  
 Vice Chairman Address: \_\_\_\_\_  
 Director 5401 N Central Expy.. #300  
 President Dallas, TX 75205  
 Vice President \_\_\_\_\_  
 Secretary  Treasurer  
 Other \_\_\_\_\_  Other \_\_\_\_\_

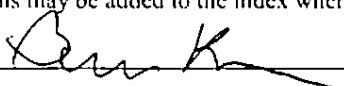
Chairman Name: Brian Kruppa  
 Vice Chairman Address: \_\_\_\_\_  
 Director 5401 N Central Expy., #300  
 President Dallas, TX 75205  
 Vice President \_\_\_\_\_  
 Secretary  Treasurer  
 Other \_\_\_\_\_  Other \_\_\_\_\_

Chairman Name: Jose B. Maldonado  
 Vice Chairman Address: \_\_\_\_\_  
 Director 5401 N Central Expy.. #300  
 President Dallas, TX 75205  
 Vice President \_\_\_\_\_  
 Secretary  Treasurer  
 Other \_\_\_\_\_  Other \_\_\_\_\_

Chairman Name: Joe Garza  
 Vice Chairman Address: \_\_\_\_\_  
 Director 5401 N Central Expy., #300  
 President Dallas, TX 75205  
 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.   
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. Brian Kruppa  
(Typed or printed name and capacity of person signing application)

Corporations Section  
P.O.Box 13697  
Austin, Texas 78711-3697



Jane Nelson  
Secretary of State

## Office of the Secretary of State

### Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for Associa Client Shared Services Center, Inc. (file number 800924444), a Domestic For-Profit Corporation, was filed in this office on January 16, 2008.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on January 26, 2024.



A handwritten signature in black ink that reads "Jane Nelson".

Jane Nelson  
Secretary of State