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Office Use Only



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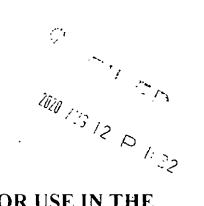
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|--|-----------------------------------|--------------------------|
| $\mathcal{M}_{i}$  | hael No                           | rman                     |
| Name of Person   |                                   |                          |
| m + F Enterprise LLC   |                                   |                          |
| Firm/Company   |                                   |                          |
| 1830   | Sunset Pa                         | Im Dr.                   |
| Address  |                                   |                          |
| $\bigwedge_{\mathcal{O}_{\mathcal{O}}} \mathcal{O}_{\mathcal{O}}$  | City/State and Zip Code           | 2712                     |
| City/State and Zip Code  |                                   |                          |
| E-mail address: (to be used for future annual report notification) |                                   |                          |
| E-mail address: (to be used for future annual report notification) |                                   |                          |
| For further information concerning this m                          | utter, please call:               |                          |
| Francing Morman at (954) 559-8281                                  |                                   |                          |
| Name of Contact  | t Person Area Code                | Daytime Telephone Number |
| Mailing Address: Registration Section                              | Street Address:<br>Registration S |                          |
| Division of Corporations   | Division of C                     |                          |
| P.O. Box 6327  | The Centre of                     | •                        |
| Tallahassee, FL 32314  |                                   | roe Street, Suite 810    |

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303



## WRITTEN CONSENT TO ADOPT ALTERNATE NAME FOR USE IN THE STATE OF FLORIDA

We, the undersigned, do hereby certify that I am the Authorized Person

| of M+FEnerorises, LLC, (Name of Limited Liability Company)   |
|--|
|  |
| a limited liability company duly organized and existing under the laws of  |
| (State or Country of Organization)   |
| Because the name of this foreign limited liability company does not satisfy the  |
| requirements of the s. 605.0112, F.S., the limited liability company hereby adopts the                                       |
| following name to transact business in the state of Florida:   |
| (Name to be used by imited liability company in florida. NOTE: Name must contain Limited Liability Company, L.L.C., of LLC.) |
| Signature Authorized Person Date   |