#45/244 14:01:44 From To 85/61/638 OOO Q O Page 1 of

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H140000911093)))



HI40000911093ABCZ

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6383

Account Name : C T CORPORATION SYSTEM Account Number : FCA000000023

Phone : (850)222-1092
Fax Number : (850)878-5368

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

RECEIVED

Foreign Limited Liability Company M&M SEACREST, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

Electronic Filing Menu

From:

Corporate Filing Menu

Help

K.SALY EXAMINER APR 17 2014

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

11An inter T	DOSTUTOS NA BT	OKIDA	
IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FUREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: [] M&M Seacrest, LLC [[Name of Pereign Limited Liability Company; must include "Limited Liability. Company," "L.L.C.," or "! [1"] (If name unavailable, onler elternate name adopted for the purpose of transacting business in Plorids. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")			
			₂ Nevada
(Ruisdiction under the law of which to organized liability company is required)	3	(FEI number, ir spolicable)	TILE PALLARIO
4.			
(Date first transacted busines (See sections 603.0904 & 603.0	ss in Plands, if prior to a	egistration.)	7 7 7
_{5.} 2777 Paradise Rd., #1806	en as a sec		SE O M
Las Vegas, NV 89109	dress of Principal Collec-	· · · · · · · · · · · · · · · · · · ·	FO E C
6. 2777 Paradise Rd., #1806	areas in . The part this	,	9: 45
Las Vegas, NV 89109			**************************************
(1)	Aniling Address)		41 CONT. 1.0
7. The name, title or capacity and address of the	person(s) who has	have authority to manage	: is/are:
Dennis Mathisen, Manager, 2777 Par	radise Rd., #1	806, Las Vegas, N	V 89109
Mark Mathisen, Manager, 0026 Summ	nit Loop, Apt.	A2, Carbondale, C	O 81623
8. Attached is an original certificate of existence, r	no more than 90 di	ays old, duly authenticate	d by the official

8. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

Dennie W. Mathiren

Signature of an authorized person

(In accordance with section 605 0203, F.S., the execution of this document continues an allimation under the panalties of perjury that the facts aimed licrein are true. I am aware that any later information submitted in a document to the Department of State constitutes a third degree letony as provided for in a 847.155, P.S.)

Dewnis M Mathisen
Typed or printed name of signee

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

If unavailable,	the alternate to be used in the state of Florid	ia is:
2. The name a	nd the Florida street address of the registere	Service Control of the Control of th
	NRAI Services, Inc.	
	(Name)	
	1200 South Pine Island Road Florida Street Address (P.O. Box N	
	Plantation pr	33324
	Chy/State/Zi	
	amed as registered agent and to accept servic my at the place designated in this certificate,	I hereby accept the appointment as
registered ager statutes relatin accept the oblig	n and agree to act in this capacity. I further g to the proper and complete performance of gations of my position as registered agent as	my duties, and I am familiar with and
registered ager statutes relatin	at and agree to act in this capacity. I further g to the proper and complete performance of gations of my position as registered agent as (Signature)	my duties, and I am familiar with and
registered ager statutes relatin accept the oblig	at and agree to act in this capacity. I further g to the proper and complete performance of gations of my position as registered agent as	my duties, and I am familiar with and

Designation of Registered Agent

Certificate of Status (optional)

Certified Copy (optional)

\$ 25.00

\$ 30.00

5.00





CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, ROSS MILLER, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, M&M SEACREST, LLC, as a limited liability company duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since April 15, 2014, and is in good standing in this state.

Electronic Certificate
Certificate Number: C20140416-0490
You may verify this electronic certificate
online at http://www.nvsos.gov/

IN WITNESS WHEREOF, I have hercunto set my hand and affixed the Great Seal of State, at my office on April 16, 2014.

ROSS MILLER Secretary of State