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Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850) 617-6383

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 205-8842
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: _____

Foreign Limited Liability Company
MOGUP, LLC

Certificate of Status	0
Certified Copy	0
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1/8/2016 10:18:40 AM From: To: 8506176383(2/4)

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: MOGUP, LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all correspondence concerning this matter to the following:

LYLE S. GENIN

Name of Person

BEERMANN PRITIKIN MIRABELLI SWERDLOVE LLP

Firm/Company

161 N. CLARK STREET, SUITE 2600

Address

CHICAGO, ILLINOIS 60601

City/State and Zip Code

CORPORATEPARALEGAL@BEERMANNLAW.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LYLE S. GENIN OR STEFANIA PIALIS

Name of Contact Person

at (312)

Area Code

621-9700

Daytime Telephone Number

MAILING ADDRESS:

Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

☒ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy

☐ \$160.00 Filing Fee, Certificate
of Status & Certified Copy

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

*IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:*

1. MOGUP, LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited
Liability Company," "L.L.C.," or "LLC.")

2. DELAWARE

(Jurisdiction under the law of which foreign limited liability
company is organized)

3. 81-0992148

(FEI number, if applicable)

4. _____

(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 5300 BROKEN SOUND BLVD. NW, SUITE 110

BOCA RATON, FLORIDA 33487

(Street Address of Principal Office)

6. 161 N. CLARK STREET, SUITE 2600

CHICAGO, ILLINOIS 60601

(Mailing Address)

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

Name: C T CORPORATION SYSTEM

Office Address: 1200 SOUTH PINE ISLAND ROAD

PLANTATION

(City)

, Florida 33324

(Zip code)

Registered agent's acceptance:

*Having been named as registered agent and to accept service of process for the above stated limited liability company 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.*

Rebecca Barth

(Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

JEFFREY A. LEVITETZ, MGR, 5300 BROKEN SOUND BLVD. NW, SUITE 110, BOCA RATON, FL 33487

ALAN RUTNER, PRES/SEC., 5300 BROKEN SOUND BLVD. NW, SUITE 110, BOCA RATON, FL 33487

LYLE S. GENIN, ASSISTANT SEC., 161 N. CLARK STREET, SUITE 2600, CHICAGO, IL 60601

9. Attached is a 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. If the certificate is in a foreign language, a translation of the certificate under oath
of the translator must be submitted)

Lyle S. Genin

Signature of an authorized person

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any 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.

Lyle S. Genin, Assistant Secretary

Typed or printed name of signer

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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "MOGUP, LLC" IS DULY FORMED UNDER THE
LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A
LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF
THE FIFTH DAY OF JANUARY, A.D. 2016.



5928946 8300

SR# 20160056805

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JWB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 201620742

Date: 01-05-16