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Florida Department of State
Division of Corporations
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Division of Corporations
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From:

Account Name : THE FARR LAW FIRM
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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address:

dholmes@farr.com

Foreign Limited Liability Company
MSZ Management, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
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16 MAR 24 AM 8:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAR 25 2016

H160000736313

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. MSZ MANAGEMENT, 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. PENDING

(FEI number, if applicable)

4. MARCH 23, 2016

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

5. 99 NESBIT STREET

PUNTA GORDA, FL 33950

(Street Address of Principal Office)

6. 99 NESBIT STREET

PUNTA GORDA, FL 33950

(Mailing Address)

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

Name: DAVID A. HOLMES, ESQ.

Office Address: 99 NESBIT STREET

PUNTA GORDA

(City)

, Florida 33950

(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.

(Registered agent's signature)

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

DAVID A. HOLMES, MGR

99 NESBIT STREET

PUNTA GORDA, FL 33950

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)

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.

DAVID A. HOLMES

Typed or printed name of signer

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SECRETARY OF STATE
JAIL ANASSEE, FLORIDA

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Delaware

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MSZ MANAGEMENT, 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 TWENTY-THIRD DAY OF MARCH, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MSZ MANAGEMENT, LLC" WAS FORMED ON THE EIGHTEENTH DAY OF MARCH, A.D. 2016.

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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


Jeffrey W. Bullock, Secretary of State

Authentication: 202029902

Date: 03-23-16

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