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COVER LETTER

· TO:

TO: Registration Section Division of Corporations					
	Matchbox Capital LLC				
Name of Limited Liability Company					
	"Application by Foreign Limited Liability Comp check are submitted to register the above refere				
Please return a	all correspondence concerning this matter to the	following:			
	Michael J. Harakal				
Name of Person					
	Matchbox Capital LLC				
Firm/Company					
	3378 Pacific Dr.				
		Address			
	Naples, FL 34119				
City/State and Zip Code					
matchboxcapital@gmail.com					
	E-mail address: (to be used	for future annual report not	ification)		
For further information concerning this matter, please call:					
Micl	nael J. Harakal	484- 548956 at ()	₽		
	Name of Contact Person		time Telephone Number		
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314		Division Registrat Clifton B 2661 Exe	CADDRESS: of Corporations on Section uilding cutive Center Circle ee, FL 32301		
	check for the following amount: 25.00 Filing Fee \$\Bigsim \$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. Matchbox Capital LLC	eign Limited Liability Company; must include "Lin	sited Lightlity Company " "L. C. " or "L	10"
(Name of For	eigh Elimited Elability Company; must include Elim	inted Liability Company, L.L.C., or 1	.LC.)
(If name unavailable, enter al Liability Company," "L.L.C,	Iternate name adopted for the purpose of transacting	g business in Florida. The alternate name	must include "Limited
2. Delaware	3 81-34	67443	
	of which foreign limited liability	(FEI number, if applicable)	
4			
	(Date first transacted business in Florida, i (See sections 605.0904 & 605.0905, F.S. to	f prior to registration.) letermine penalty liability)	
5. 3378 Pacific Dr.		<u> </u>	•
Naples, FL 34119			
2279 Davida Da	(Street Address of Principal Offic	e)	
6. 3378 Pacific Dr.			
Naples, FL 34119			
	(Mailing Address)		
7. Name and street address	ss of Florida registered agent: (P.O. Box NO	<u>Cacceptable)</u>	⊼ # 6
Name:	Michael J. Harakal		
Office Address:	3378 Pacific Dr.	-	FIL 3 23 MASS
	Naples	, Florida 34119	PA PA
	(City)	(Zip code)	
Registered agent's accep	itance: gistered agent and to accept service of proce:	ss for the above stated limited liabili	to company attibe place
designated in this applica	tion, I hereby accept the appointment as regi	stered agent and agree to act in this	capatrity. I further agree
	ons of all statutes relative to the proper and c my position as registered agent.	omplete performance of my duties, (and I am familiar with and
accept the congunous of		57	
	(Registered agent's si	gnature)	
		-	
	acity and address of the person(s) who has/hav	e authority to manage is/are:	
Michael J. Harakal, MGR	RM, 3378 Pacific Dr., Naples, FL 34119		
49.4.			
	of existence, no more than 90 days old, duly a of which it is organized. (If the certificate is in		
of the translator must be s		7/7	
,			
	Signaturo of an authoriz	ed person	
This document is executed	d in accordance with section 605.0203 (1) (b),	Florida Statutes. I am aware that any t	false information
submitted in a document to	the Department of State constitutes a third de	gree felony as provided for in s.817.1	55, F.S.
	Michael I. Harakal		

Typed or printed name of signee

Page 1

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MATCHBOX CAPITAL 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 SIXTEENTH DAY OF AUGUST, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MATCHBOX CAPITAL LLC" WAS FORMED ON THE FOURTH DAY OF AUGUST, A.D. 2016.

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

6115195 8300 SR# 20165388100

Authentication: 202836527

Date: 08-16-16

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