

MI60000008320

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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2016 OCT 25 AM 11:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

16 OCT 17 AM 10:02

FILED

D. SCOTT

OCT 19 2016



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 29, 2016

NORMAN LEADER  
345 RIDGE AVE  
CLARENDON HILLS, IL 60514

SUBJECT: MM COMPASS POINT, LLC.  
Ref. Number: W16000067091

RECEIVED  
2017 OCT 17 PM 3:04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

We have received your document for MM COMPASS POINT, LLC. and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to s.605.0902(1)(e), Florida Statutes, the document must contain the name, title or capacity and address of at least one person who has the authority to manage the foreign limited liability company.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Dionne M Scott  
Regulatory Specialist II

Letter Number: 116A00020984

FILED  
16 OCT 17 AM 10:02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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. MM Compass Point, 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. Indiana

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

3. \_\_\_\_\_

(FEI number, if applicable)

4. January 6, 2016

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

5. 1299 Middle Gulf Drive Unit 133

Sanibel FL 33957

(Street Address of Principal Office)

6. 345 Ridge Ave

Clarendon Hills IL 60514

(Mailing Address)

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

Name: Norman Leader

Office Address: 1299 Middle Gulf Drive #133

Sanibel

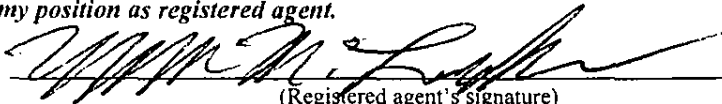
(City)

, Florida 33957

(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)

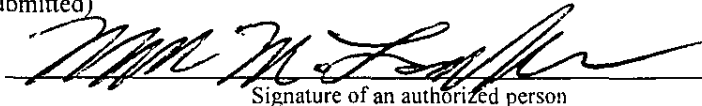
8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Norman Leader - Manager

345 Ridge Ave

Clarendon Hills IL 60514

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.

Norman M. Leader

Typed or printed name of signer

FILED  
16 OCT 17 4:40:02  
TALLAHASSEE  
STATE  
SECRETARY OF  
FLORIDA

State of Indiana  
Office of the Secretary of State

CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greeting:

I, CONNIE LAWSON, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execute this certificate.

I further certify that records of this office disclose that

MM COMPASS POINT, LLC

duly filed the requisite documents to commence business activities under the laws of the State of Indiana on December 01, 2015, and was in existence or authorized to transact business in the State of Indiana on September 16, 2016:

I further certify this Domestic Limited Liability Company has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution, or expiration has been filed or taken place.



In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, September 16, 2016

*Connie Lawson*

CONNIE LAWSON  
SECRETARY OF STATE

FILED  
OCT 17 AM 10:02  
16  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2015120200723 / 2016105796

Verify this certificate: <https://bsd.sos.in.gov/ValidateCertificate>