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### **COVER LETTER**

TO:

	ation Section n of Corporation			
SUBJECT:	Мнм	RE, LLC Name of	Limited Liability Company	
The enclosed "A	pplication by For	eign Limited Liability Comp	pany for Authorization to Tra	ansact Business in Florida," Certificate of y company to transact business in Florida
Please return all	correspondence c	oncerning this matter to the	following:	
	THOMA	AS A. McDERA	10TT, JR.	
	MH	M RE, LLC	- rm/Company	
			RCHARD LANE	
	OSF	1KOSH, W	11 54902 tate and Zip Code	<b>.</b>
			mcdre.con	
For further infor	mation concerning	g this matter, please call:		
Tol	M MCDE Name o	RMOTT f Contact Person	at (920) 4 Area Code Day	10 - 2691 time Telephone Number
Divisio Registr P.O. Bo	ing ADDRESS: n of Corporations ation Section ox 6327 ssee, FL 32314		Division Registrat Clifton E 2661 Exc	F ADDRESS: of Corporations ion Section Building ecutive Center Circle see, FL 32301
	eck for the follow 5.00 Filing Fee	ing amount:  \$\Bigsim \text{\$\sigma}\$ \$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 HABILITY COMPANYTOTRANSACT BUSINESS IN THE STATE OF FLORIDA:
1. Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L L.C.," or "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 WISCONSIN  (Jurisdiction under the law of which foreign limited liability company is organized)  3. 91-415-8149  (FEI number, if applicable)
4. OCTOBER 18, 2016
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)
5. 3266 OLD ORCHARD LANE
5. 3266 OLD ORCHARD LANE  OSMKOSH, WI 54901  (Street Address of Principal Office)  6. 3266 OLD ORCHARD LANE  OSMKOSH, WI 54902  (Mailing Address)  7. Name and street address of Florida registered agent: (P.O. Box. NOT acceptable)
6 3266 OLD ORCHARD LANE
OSHKOSH, WI 54902 (Mailing Address)
OSHKOSH WI 54902 (Mailing Address)
7. Name and <u>street address</u> of Florida registered agent: (P.O. Box <u>NOT</u> acceptable)
T Palack Flor
Office Address: 408 Lons Avenue  Florida 3245 6 (City) (Zip code)
Photost St. Tan
(City) (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 complywith 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/arc:
TOM MCDERMOTT, MEMBER
3266 OLD ORCHARD LANE
USHKUSH, WI 54902
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 605.0303 (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.
THOMAS A. MCDERMOTT, JR.  Typed or printed name of signee

# United States of America State of Wisconsin

#### DEPARTMENT OF FINANCIAL INSTITUTIONS



# Division of Corporate & Consumer Services

To All to Whom These Presents Shall Come, Greeting:

I, DAVID DUECKER, Deputy Administrator of the Division of Corporate and Consumer Services, Department of Financial Institutions, do hereby certify that

#### MHM RE, LLC

is a domestic corporation or a domestic limited liability company organized under the laws of this state and that its date of incorporation or organization is October 10, 2016.

I further certify that said corporation or limited liability company has not yet completed its initial report year and, accordingly, has not yet filed an annual report under ss. 180.1622, 180.1921, 181.1622 or 183.0120 Wis. Stats., and that said corporation or limited liability company has not filed articles of dissolution.



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the official seal of the Department on October 24, 2016.

DAVID DUECKER, Deputy Administrator Division of Corporate and Consumer Services Department of Financial Institutions

DFI/Corp/33

# To validate the authenticity of this certificate

Visit this web address: http://www.wdfi.org/apps/ccs/verify/

Enter this code: 188319-85F06A5F