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(Requestor's Name)		
······	Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP	WAIT. MAIL		
(Business Entity Name)		
(Document Number)			
Certified Copies	Certificates of Status		
Special Instructions to Filing Officer:			
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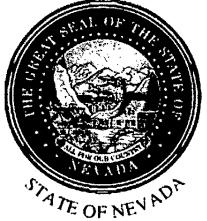
COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: MRM INVESTMENT GROUP, VVC 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:				
Name of Person				
Firm/Company				
2173 Estate c'Ircle				
Navarre, FL 32566 City/State and Zip Code				
SMOWER 02/3@ amail. CD M E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Sarah Mower at (913) 7874296 Name of Contact Person Area Code 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: \$\Boxed{1}\$\$\$125.00 Filing Fee \(\begin{array}{c} arr				

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

	ION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FO INESS INTHE STATE OF FLORIDA:	OREIGN LIMITED LIABILITY	
1. MRM Investment 600 wp, UC (Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," or "LLC.")			
(Name of Foreig	gn Limited Liability Company, must include "Limited Liability Company," "L.L.C.," or "l	LC.")	
(If name unavailable, enter alte Liability Company," "L.L.C,"			
2. Nevada	f which foreign limited liability 3. 82-1599084 (FEI number, if applicable)		
company is organized)	* Which foreign minited hazarty (12) humber, 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. 2173 Estat	,		
Narame, F	L 32566 (Street Address of Principal Office)		
6			
	(Mailing Address)		
7 Name and street address	of Florida registered agent: (P.O. Box NOT acceptable)	****	
Name:	Kwana Mower		
Office Address:	2173 Estate Circle	AHA AHA	
Office Address:		SSE	
	NAVATE , Florida 32566 (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 and 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 Jamiliar with and			
	ny position as registered agent.		
	LO Maur		
	(Registered agent's signature)		
	city and address of the person(s) who has/have authority to manage is/are:		
Saran Mowa	r, Manager circle		
Navarre, FL	32566		
	of existence, no more than 90 days old, duly authenticated by the official having of which it is organized. (If the certificate is in a foreign language, a translation of bmitted)		
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.			
-	Typed or printed name of signee		

SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, Barbara K. Cegavske, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, MRM INVESTMENT GROUP, LLC, as a limited liability company duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since April 17, 2017, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on May 24, 2017.

Capaste

Barbara K. Cegavske Secretary of State

Electronic Certificate
Certificate Number: C20170524-0139
You may verify this electronic certificate
online at http://www.nvsos.gov/