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## **COVER LETTER**

TO:	Registration Section Division of Corporations					
SUBJI	MVB Ventures, LLC					
SCBOI		Name of Li	mited Liability C	ompany		
	nclosed "Application by Foreign and check are submitted to r					
Please	return all correspondence conce	rning this matter to the fo	ollowing:			
	Dustin L. Plummer					
		Nar	ne of Person			
	Mallor Grodner, LLI	P				
Firm/Company						
	511 Woodscrest Driv	ve				
Address						
	Bloomington, IN 474	401				
	<del></del>	City/Sta	te and Zip Code			
	dplummer@lawmg.co	om				
	E-n	mail address: (to be used	for future annual	report not	fication)	
For fur	orther information concerning this	s matter, please call:				
	Dustin L. Plummer		812 at (	332-500	00	
	Name of Cor	ntact Person	Area Code	Day	time Telephone Number	
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314			Division of Registrati Clifton Br 2661 Exe	ADDRESS: of Corporations on Section uilding cutive Center Circle ee, FL 32301	
Enclos		mount: \$130.00 Filing Fee & ertificate of Status	☐ \$155.00 Filin Certified Copy	g Fee &	☐ \$160.00 Filing Fee, Cer 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:

f name unavailable, enter alternate n	ame adopted for the purpose of transacting business	in Florida. The	alternate name must include "Limited Liab	lity Company," "L.L C," or "LLC	
Indiana		•	47-5277123		
	hich foreign limited liability company is organized)	_ 3		er, if applicable)	
	(Date first transacted business in Florida, if pr	ior to registratio	n,)		
140 Brightwater Drive	(See sections 605.0904 & 605.0905, F.S. to d	etermine penaity	MVB Ventures, LLC		
(Street Address of I		6.	6. (Mailing Address)		
Clearwater, FL 33767			16758 George Gang Blvd.		
			Westfield, IN 46062-6012		
. Name and <u>street addres</u> Name:	ss of Florida registered agent: (P.O. Geoffrey M. Grodner	Box <u>NOT</u>	_acceptable)	2011 JUN 20 TALLAHAS	
Office Address:	11617 Useppa Court		<del></del>	355	
Office Address;			24140.000	EGO Z	
	Naples (City)		, Florida <u>34110-0925</u>	- 75° F	
legistered agent's accep	tance;			55	
	s of my position as registered agent		omplete performance of my o	luties, and I am familia	
	s of my positish as registered agent			luties, and I am familia	
nd accept the obligation	s of my position as registered agent	gent's signature		luties, and I am familia	
nd accept the obligation	s of my positish as registered agent	gent's signature		luties, and I am familia	
8. The name, title or cap:	(Registered agent acity and address of the person(s) when Name and Address:	gent's signature	authority to manage is/are:		
and accept the obligation  8. The name, title or cape	(Registered against a registered against acity and address of the person(s) when the state of the person of the pe	gent's signature no has/have	authority to manage is/are:		
8. The name, title or cap:	(Registered agent (Registered agent) acity and address of the person(s) when Name and Address: Martin Vanburen	gent's signature no has/have	authority to manage is/are:		
nd accept the obligation  3. The name, title or cap:  Title or Capacity:	acity and address of the person(s) when Name and Address:  Martin Vanburen  16758 George Gang Blyd	gent's signature no has/have	authority to manage is/are:		
8. The name, title or cap:	acity and address of the person(s) when Name and Address:  Martin Vanburen  16758 George Gang Blyd	gent's signature no has/have	authority to manage is/are:		
8. The name, title or cap:	acity and address of the person(s) when Name and Address:  Martin Vanburen  16758 George Gang Blyd	gent's signature no has/have	authority to manage is/are:		
8. The name, title or cape  Title or Capacity:  Manager	acity and address of the person(s) when Name and Address:  Martin Vanburen  16758 George Gang Blvd Westfield, IN 46062-6012	gent's signature no has/have	authority to manage is/are:		
8. The name, title or cape  Title or Capacity:  Manager  (Use attachments if neces)	acity and address of the person(s) when Name and Address:  Martin Vanburen  16758 George Gang Blydd Westfield. IN 46062-6012  assary)  to of existence, no more than 90 days	gent's signature no has/have 1	authority to manage is/are:  Citle or Capacity:	Name and Address:	
8. The name, title or cape  Title or Capacity:  Manager  (Use attachments if neces)  Attached is a certificate urisdiction under the law	Registered agent  (Registered agent  (Registered agent  acity and address of the person(s) where the person of the	gent's signature no has/have 1	authority to manage is/are:  Citle or Capacity:	Name and Address:	
8. The name, title or cape  Title or Capacity:  Manager  (Use attachments if necess  2. Attached is a certificate durisdiction under the law of the translator must be s	Registered agent  (Registered agent  (Registered agent  acity and address of the person(s) where the person of the	gent's signature no has/have 1	authority to manage is/are:  Citle or Capacity:  uthenticated by the official ha a foreign language, a translati	Name and Address:  ving custody of records on of the certificate und	
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## 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

MVB VENTURES, LLC

duly filed the requisite documents to commence business activities under the laws of the State of Indiana on October 08, 2015, and was in existence or authorized to transact business in the State of Indiana on Juné 14, 2017.

I further certifiy 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, June 14, 2017

Corrie Lauren

CONNIE LAWSON
SECRETARY OF STATE

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