## M1700007155

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AUG 2 2 2017 Y SULKER CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

s<sup>v</sup> ·

ACCOUNT NO. : I2000000195 REFERENCE : 777265 4325457 AUTHORIZATION : Street Blend COST LIMIT : \$ 155.00 ORDER DATE : August 21, 2017

- ORDER TIME : 11:25 AM
- ORDER NO. : 777265-015
- CUSTOMER NO: 4325457

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## FOREIGN FILINGS

NAME: MHL FLORIDA LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner -- EXT# 62969

EXAMINER:

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	COVER LETTER

	ration Section on of Corporation	s				
	IHL FLORIDA LI	-				
SUBJECT: _			Limited Liability C	Company		
					nsact Business in Florida," Cer company to transact business i	
Please return al	l correspondence c	concerning this matter to the	following:			
		Na Na	ame of Person			
		Fi	rm/Company			
	Address					
		Cin/S	tate and Zip Code	<b>.</b>		
	Solomon.Kuckel	-	Tate and Zip Code			
		E-mail address: (to be used	d for future annual	report not	ification)	
For further info	ormation concernin	g this matter, please call:				
	Name o	of Contact Person	at ( Arca Code	_) Day	time 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				
	heck for the follow 25.00 Filing Fee	6	<b>S</b> 155.00 Film Certified Copy		□ S160.00 Filing Fee, Certif of Status & Certified Copy	ïcate

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

IN COMPLIANCE WITH SECTION 605 0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

name unavailable, enter alternote n	name adopted for the purpose of transacting business in F	Florida. The alternate name must include "Lim	und Lables Company 221 1 C Toral I C To	
DE	· · · · · · · · · · · · · · · · · · ·		and balancy company. Did C. or C.C. y	
	hech foreign limited hability company is organized)	3(F	El number, (fapplicable)	
·	(Date first masacted business in Florida, if prior		······································	
	(Date first minsacted business in Florida, if prior (See sections 605 0904 & 605 0905, F.S. to deter	mine penalty hability)		
5. 6836 Morrison Blvd., Suite 430 (Street Address of Principal Office) Charlotte, NC 28211		6		
		(Mail	ing Address)	
		<del>_,,,,,,,,,</del>		
			7	
Name and street addres	is of Florida registered agent: (P.O. Bo	ox <u>NOT</u> acceptable)		
Name:	Corporation Service Company		50 · Ap	
0	1201 Hays Street			
Office Address:				
	Tallahassee	, Florida 3230	) <u>9</u>	
egistered agent's accep	(City)		Zip code)	
	gistered agent and to accept service of	f nearess for the above stated li	25 VO	
rsignatea in this applica	tion, I hereby accept the appointment	as registered agent and agree i	n act in this canacing. I further	
comply with the provisi	ons of all statutes relative to the prope	er and complete performance o	f my duties, and I am familiar w	
па ассері те орнеаноп	s of my position as registered agent. Corporation Service Company	100 7 1	- Multing Zondon	
	By:	Miton	Melissa Zender	
			Asst. Vice Preside	
	(Registered agent)	s vignalue (		
	(Registered agent)		ara-	
	(Registered agent toity and address of the person(s) who h <u>Name and Address:</u>			
. The name, title or capa	(Registered agent totty and address of the person(s) who h <u>Name and Address:</u>	has'have authority to manage is'	are: <u>Name and Address:</u>	
The name, title or capa <u>Title or Capacity:</u>	(Registered agent totty and address of the person(s) who h	has'have authority to manage is' <u>Title or Capacity:</u>		

(Use attachments if necessary)

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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)

10. 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.

R	S CAD-	ion maid (7.1)
au	And the second s	
SOLOMON KI	KELMAN. AUTHORIZED PERSON	
	Typed or printed name of signee	



The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MHL FLORIDA 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 TWENTY-FIRST DAY OF AUGUST, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MHL FLORIDA LLC" WAS FORMED ON THE TWENTY-FIRST DAY OF JUNE, A.D. 2017.

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



ch. Secretary of State

Authentication: 203090053

Date: 08-21-17

Page 1

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SR# 20175807026 You may verify this certificate online at corp.delaware.gov/authver.shtml