

M17000008145

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

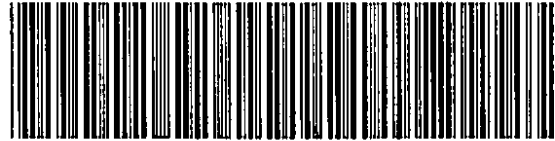
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17 SEP 22 PM 2:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S. WARREN

SEP 25 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 15, 2017

MAX POLSKY
121 WEST 19TH STREET, SUITE 5E
NEW YORK, NY 10011

SUBJECT: MJP ACQUISITIONS LLC
Ref. Number: W17000074356

We have received your document for MJP ACQUISITIONS 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):

Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence or certificate of good standing, which usually consists of a single sheet of paper that clearly reflects the entity is a valid entity in its home state/country. You can obtain the certificate of existence or certificate of good standing from the same office that provided you with the certified copy.

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.

Stacey M Warren
Regulatory Specialist II

Letter Number: 317A00018869

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: MJP ACQUISITIONS LLC

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:

Max Polsky

Name of Person

MJP Acquisitions LLC

Firm/Company

121 West 19th Street Suite 5E

Address

New York, NY 10011

City/State and Zip Code

MAX@MJPACQ.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Max Polsky

352

519-4445

at (_____) _____

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:

☐ \$125.00 Filing Fee

☐ \$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 LIABILITY
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA

1. MJP Acquisitions LLC

(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "LLC" 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," "LLC" or "LLC")

2. New York, NY 10011

3. 46-3835425

(FEI number, if applicable)

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

4. 5/23/17

(Date first transacted business in Florida, if prior to registration)
(See sections 605.0902 & 605.0903, F.S. to determine penalty liability)

5. 121 West 19th Street

(Street Address of Principal Office)

6. _____

(Mailing Address)

Suite 5E

New York, NY 10011

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

Name: Patrick Murnane

Office Address: 1132 S. Main Street

Gainesville

(City)

, Florida 32601

(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.

Patrick Murnane

(Registered agent's signature)

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

Title or Capacity:

Name and Address:

Title or Capacity:

Name and Address:

Sole Member/Manager

Max Polsky

121 West 19th Street
Suite 5E New York, NY 10011

(Use attachments if necessary)

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.

Max Polsky
Signature of an authorized person

Max Polsky

Typed or printed name of signer

FILED
17 SEP 22 PM 2:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

State of New York
Department of State } ss:

I hereby certify, that MJP ACQUISITIONS LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 10/08/2013, and that the Limited Liability Company is existing so far as shown by the records of the Department.



*WITNESS my hand and the official seal
of the Department of State at the City of
Albany, this 15th day of September two
thousand and seventeen.*

A handwritten signature in black ink, appearing to read "B. Fitzgerald", is written over a horizontal line.

*Brendan W. Fitzgerald
Executive Deputy Secretary of State*