

MIT000009145

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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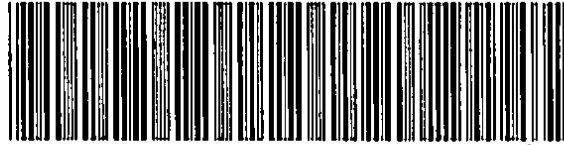
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

2017 OCT 26 P 3:00

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OCT 26 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MJM Management, 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:

Michel Matouk

Name of Person

Firm/Company

2727 NE 14th St, Unit 1

Address

Fort Lauderdale, Florida 33304

City/State and Zip Code

mmatouk@netscape.net

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

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2017 OCT 26 PM 3:00
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Melissa Pitts at Legally Mine

Name of Contact Person

at (800)

Area Code

375-2453

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. MJM Management, 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. Alaska 3. 82-1082498
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, 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. 1231 W. Northern Lights Blvd. #911 6. 2727 NE 14th St. Unit 1
(Street Address of Principal Office) (Mailing Address)
Anchorage, Alaska 99503 Fort Lauderdale, Florida 33304

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

Name: Michel Matouk

Office Address: 2727 NE 14th St, Unit 1

Fort Lauderdale, Florida 33304
(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 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.

(Registered agent's signature)

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

| <u>Title or Capacity:</u> | <u>Name and Address:</u> | <u>Title or Capacity:</u> |
|---------------------------|--|---------------------------|
| <u>Member</u> | <u>Michel Matouk</u> <u>2727 NE 14th St, Unit 1</u> <u>Fort Lauderdale, FL 33304</u> | |

| | | |
|---------------|---|--|
| <u>Member</u> | <u>Miriam Shportun</u> <u>2714 Starwood Ct</u> <u>West Palm Beach, FL 33406</u> | |
|---------------|---|--|

(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)

Signature of an authorized person

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.

Michel Matouk

Typed or printed name of signer

State of Alaska
Department of Commerce, Community, and Economic
Development
Corporations, Business, and Professional Licensing

Certificate of Compliance

The undersigned, as Commissioner of Commerce, Community, and Economic Development of the State of Alaska, and custodian of corporation records for said state, hereby issues a Certificate of Compliance for:

MJM Management, LLC

This entity was formed on April 03, 2017 and is in good standing. This entity has filed all biennial reports and fees due at this time.

No information is available in this office on the financial condition, business activity or practices of this corporation.



IN TESTIMONY WHEREOF, I execute the certificate
and affix the Great Seal of the State of Alaska
effective September 21, 2017.

A handwritten signature in cursive script, appearing to read "Chris Hladick".

Chris Hladick
Commissioner

ALASKA SECRETARIAT

OCT 26 PM 3:00

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