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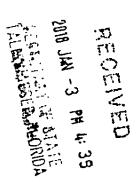
(Requestor's Name)
(Address)
(Address)
(,
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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B JAN - 3 AN II: 22



K SALY JAN -4 2018 CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : I2000000195 9787626 8117699 REFERENCE AUTHORIZATION : (/\ COST LIMIT : \$ 125.00 ORDER DATE: December 22, 2017 ORDER TIME : 3:44 PM ORDER NO. : 978762-001 CUSTOMER NO: 8117699 FOREIGN FILINGS NAME: MONEY MAP PRESS, LLC XXXX QUALIFICATION (TYPE: <u>LL</u>) PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: _ CERTIFIED COPY XX PLAIN STAMPED COPY _ CERTIFICATE OF GOOD STANDING

EXAMINER:

CONTACT PERSON: Roxanne Turner -- EXT#

COVER LETTER

TO:	Registration Section
	Division of Corporations

SUBJECT:	Money Map Press,	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..

Plea

Please return all correspondence concerning this matter to the	following:	
Elizabeth McPherson		
N	aine of Person	
Fi	irm/Com pa ny	
1217 Saint Paul Street		
	Address	
Baltimore, MD, 21202-2705		
City/S	tate and Zip Code	· · · · · · · · · · · · · · · · · · ·
emcpherson@14west.us		
E-mail address: (to be use	d for future annual re	port notification)
For further information concerning this matter, please call:		
Andrea Ansah	410	878-3403 Daytime Telephone Number
Name of Contact Person	Area Code	Daytime Telephone Number
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314	Б С 2	TREET ADDRESS: Division of Corporations Legistration Section Clifton Building 661 Executive Center Circle Callahassec, FL 32301
Enclosed is a check for the following amount: □ \$125.00 Filing Fee □ \$130.00 Filing Fee & Certificate of Status	S155.00 Filing Certified Copy	Fee & \$160.00 Filing Fee, Certificate of Status & Certified Copy

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

IN COMPILANCE 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:

(Name of Poteign	Limited Liability Company, must include "Limited	d Liability Company," "L.L.C.," or "L.L.C.")	
name unavailable, enter alternate ru	ame adopted for the purpose of transacting business in Flor	rida. The alternate mane must include "Limited Liability Company," "L.L.C." or "I	፲ር.ነ
Maryland		_{3.} 26-1643528	
·	nich foreign hmited hability company is organized)	(FEI number, it applicable)	_
	(Date first transacted behiness in Florida, if prior to	recustation.)	
	(See sections 605.0904 & 605.0905, F.S. to determine	me penany namin'ny	
16 W Madison St.		6. 1217 Saint Paul St.	_
(Street Address of Principal Office)		Baltimore, MD, US, 21202-2705	
Baltimore, MD, U	5, 21201	Dailinore, MD, O3, 21202-2103	- }
	<u> </u>		P ==
Name and street addres	ss of Florida registered agent: (P.O. Box	NOT_acceptable)	5
Name:	Corporation Service Company		LO DATE -S ATT
Office Address:	1201 Hays Street		_
Gillet Hadi etc.		22204	1
	Tallahassee (City)	, Florida 32301	
comply with the provisi	tion, I hereby accept the appointment a ions of all statutes polative to the proper	and complete performance of my duties, and I am fami	iliar
comply with the provisi id accept the obligation.	ions of all statutes relative to the proper s of my position as registered agent.	e and complete performance of my duties, and I am fami Lydia Cohen Asst. Vice President	iliar
comply with the provising accept the obligation.	ions of all statutes gel ative to the proper	r and complete performance of my duties, and I am fami Lydia Cohen Asst. Vice President	iliar
id accept the obligation.	ions of all statutes polative to the proper s of my position to registered agent. (Registered agent's	Lydia Cohen Asst. Vice President sygnature)	iliar
id accept the obligation.	ions of all statutes polative to the proper s of my position as registered agent.	Lydia Cohen Asst. Vice President sygnature)	iliar
Title or Capacity:	ions of all statutes relative to the proper s of my position to registered agent. (Registered agent's acity and address of the person(s) who have and Address:	Lydia Cohen Asst. Vice President as/have authority to manage is/are:	iliar
nd accept the obligation. The name, title or capa	ions of all statutes relative to the proper s of my position as registered agent. (Registered agent's acity and address of the person(s) who had	Lydia Cohen Asst. Vice President as/have authority to manage is/are:	iliar
The name, title or capa	ions of all statutes relative to the proper s of my position as registered agent. (Registered agent's acity and address of the person(s) who have and Address: Robert Compton Jr.	Lydia Cohen Asst. Vice President as/have authority to manage is/are:	iliar
The name, title or capa	ions of all statutes relative to the proper s of my position as registered agent. (Registered agent's acity and address of the person(s) who have and Address: Robert Compton Jr. 1217 Sant Paul St.	Lydia Cohen Asst. Vice President as/have authority to manage is/are:	iliar
The name, title or capa Title or Capacity: manager	(Registered agent. (Registered agent.) (Registere	Lydia Cohen Asst. Vice President as/have authority to manage is/are:	iliar
The name, title or capa Title or Capacity: manager	(Registered agent. (Registered agent) active and address of the person(s) who has Name and Address: Robert Compton Jr. 1217 Sant Paul St. Baltimore MD 21202 Matthew Turner	Lydia Cohen Asst. Vice President as/have authority to manage is/are:	iliar
The name, title or capa Title or Capacity: manager manager	(Registered agent. (Registered agent. (Registered agent.) (Registered	Lydia Cohen Asst. Vice President as/have authority to manage is/are:	iliar
The name, title or capa Title or Capacity: manager manager Use attachments if neces	(Registered agent. (Registered agent. (Registered agent. (Registered agent.) (Registered	Lydia Cohen Asst. Vice President as/have authority to manage is/are: Title or Capacity: Name and Addres	555:
The name, title or caps Title or Capacity: manager manager Use attachments if neces Attached is a certificate	(Registered agent. (Registered agent. (Registered agent. (Registered agent. (Registered agent. (Registered agent. (Registered agent.) (Registered age	Lydia Cohen Asst. Vice President as/have authority to manage is/are:	ds in
The name, title or caps Title or Capacity: manager manager Use attachments if neces Attached is a certificate	(Registered agent. (Registered agent. (Registered agent. (Registered agent. (Registered agent. (Registered agent. (Registered agent.) (Registered age	duly authenticated by the official having custody of record	ds in
The name, title or capa Title or Capacity: manager Manager Attached is a certificate arisdiction under the law	(Registered agent. (Registered agent. (Registered agent. (Registered agent.) (Registered	duly authenticated by the official having custody of record	ds in
8. The name, title or capa Title or Capacity: manager Muse attachments if neces O. Attached is a certificate surisdiction under the law of the translator must be s	(Registered agent. (Registered agent. (Registered agent. (Registered agent.) (Registered	duly authenticated by the official having custody of recorte is in a foreign language, a translation of the certificate of the control of the certificate of the cert	ds i

Typed or proued name of signee

Robert Compton Jr.

STATE OF MARYLAND Department of Assessments and Taxation

I, MICHAEL L. HIGGS OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO LIMITED LIABILITY COMPANIES, OR THE RIGHTS OF LIMITED LIABILITY COMPANIES TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT MONEY MAP PRESS, LLC (W12272282), REGISTERED DECEMBER 11, 2007, IS A LIMITED LIABILITY COMPANY EXISTING UNDER AND BY VIRTUE OF THE LAWS OF THE STATE OF MARYLAND, AND THAT THE LIMITED LIABILITY COMPANY IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING TO TRANSACT BUSINESS.

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE ON THIS DECEMBER 27, 2017.

Michael L. Higgs

Director

301 West Preston Street, Baltimore, Maryland 21201 Telephone Baltimore Metro (410) 767-1340 / Outside Baltimore Metro (888) 246-5941 MRS (Maryland Relay Service) (800) 735-2258 TT/Voice

Online Certificate Authentication Code: 111W_ZVeoESBg-FQWuweZw
To verify the Authentication Code, visit http://dat.maryland.gov/verify