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COVER LETTER

TO:

UBJECT:	Mimosa Capital Partners LLC			
	Name of Limited Liability Company			
enclosed stence, ar	I "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida." Certified check are submitted to register the above referenced foreign limited liability company to transact business in			
ase return	all correspondence concerning this matter to the following:			
	Thomas Johnson			
	Name of Person			
	Mimosa Capital Partners LLC			
	Firm/Company			
	P.O Box 681463			
	Address			
	Prattville, AL 36068			
	City/State and Zip Code			
	thomas@mimosacapital.com			
	E-mail address: (to be used for future annual report notification)			
further in	nformation concerning this matter, please call:			
The	omas Johnson 334 318-3037 at ()			
	Name of Contact Person Area Code Daytime Telephone Number			
MA	AILING ADDRESS: STREET ADDRESS:			
	ision of Corporations Division of Corporations Division of Corporations			
	distration Section Registration Section Distraction Section Clifton Building			
	lahassee, Fl. 32314 2661 Executive Center Circle			
-	Tallahassee, FL 32301			
losed is a	a check for the following amount: \$125.00 Filing Fee			

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:

(Name of Foreign	rs LLC Limited Liability Company, must include "Limite	ed Liability Company," "L L.C.," or "LLC	(),")
MCP 1823 LLC	issued control of the	,,,	··· ,
	ame adopted for the purpose of transacting business in Flo	orida. The alternate name must include "Limited	Liability Company," "L.L.C," or "LLC,")
Delaware		3. 47-2623754	
(Jurisdiction under the law of wh	nich foreign limited liability company is organized)		number, if applicable)
N/A			
·	(Date first transacted business in Florida, if prior to (See sections 605 0904 & 605 0905, F.S. to determine		
Mimosa Capital Partne	ers LLC - Attn: T. Johnson	6. Mimosa Capital Partner	s LLC
(Street Address of P		O. (Mailing	
6925 Halcyon Park Dri	ve	P.O. Box 681463	
Montgomery, AL 3611	7	Prattville, AL 36068	
. Name and <u>street addres</u>	s of Florida registered agent: (P.O. Box	(<u>NOT</u> acceptable)	
Name:	Richard Johnson		
Office Address:	107 North Partin Drive		
	Niceville	Florida 32578	
	(City)	Florida <u>32578</u> (Zip	code)
aving been named as re exignated in this applica comply with the provisi	gistered agent and to accept service of pation, I hereby accept the appointment a cons of all statutes relative to the proper	is registered agent and agree to d	act in this capacity. I further a
esignated in this application comply with the provisi	gistered agent and to accept service of pation, I hereby accept the appointment a cons of all statutes relative to the proper sof my position as registered agent.	is registered agent and agree to d	act in this capacity. I further a
laving been named as re esignated in this applica o comply with the provisi nd accept the obligations	gistered agent and to accept service of pation, I hereby accept the appointment a cons of all statutes relative to the proper s of my position as registered agent.	is registered agent and agree to a rand complete performance of n	act in this capacity. I further a my duties, and I am fumiliar wi
laving been named as re esignated in this applica o comply with the provisi nd accept the obligations	gistered agent and to accept service of pation, I hereby accept the appointment a cons of all statutes relative to the proper sof my position as registered agent.	is registered agent and agree to a rand complete performance of n	act in this capacity. I further a my duties, and I am fumiliar wi
laving been named as re esignated in this applica- o comply with the provisi nd accept the obligations 3. The name, title or capa	gistered agent and to accept service of partion, I hereby accept the appointment a cons of all statutes relative to the proper of my position as registered agent. (Registered agent's accity and address of the person(s) who have	is registered agent and agree to a rand complete performance of n signature) as/have authority to manage is/are	act in this capacity. I further a my duties, and I am familiar wi
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Taving been named as reesignated in this applicate comply with the provisional accept the obligations. The name, title or capa Title or Capacity: Partner Partner Jise attachments if necess. Attached is a certificate	gistered agent and to accept service of ption, I hereby accept the appointment at ons of all statutes relative to the proper of my position as registered agent. (Registered agent's actity and address of the person(s) who has a Name and Address: Thomas Johnson P.O. BOX 681463 Prattyille, AL 36068 Marc Evans 6925 Halevon Park Drive Montgomery, AL 36117 sary) of existence, no more than 90 days old, of which it is organized. (If the certificat	signature) as/have authority to manage is/are Title or Capacity:	e: Name and Address: having custody of records in the
laving been named as resignated in this applicate of comply with the provisional accept the obligations. 3. The name, title or capaatitle or Capacity: Partner Partner Partner Jise attachments if necessal acceptance is a certificate soliction under the law of the translator must be sufficiently acceptance. This document is executed as a certificate soliction under the law of the translator must be sufficiently acceptance.	gistered agent and to accept service of ption, I hereby accept the appointment at ons of all statutes relative to the proper of my position as registered agent. (Registered agent's actity and address of the person(s) who has a Name and Address: Thomas Johnson P.O. BOX 681463 Prattyille, AL 36068 Marc Evans 6925 Halevon Park Drive Montgomery, AL 36117 sary) of existence, no more than 90 days old, of which it is organized. (If the certificat	signature) as/have authority to manage is/arc Title or Capacity: duly authenticated by the official te is in a foreign language, a trans	ny duties, and I are familiar wing duties, and I are familiar wing duties. Name and Address: Name and Address: having custody of records in the slation of the certificate under or over that any false information

Typed or printed name of signee

Thomas Johnson

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

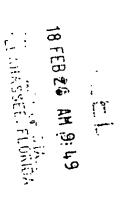
DELAWARE, DO HEREBY CERTIFY "MIMOSA CAPITAL PARTNERS, LLC" IS DULY

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 THIRTEENTH DAY OF FEBRUARY, A.D. 2018.

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





5622527 8300 SR# 20180965778

Authentication: 202145218

Date: 02-13-18

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