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COVER LETTER

TO:

Registration Section Division of Corporations

FedEx.

SUBJECT:	MP FINANCE, LI	.C				
Sobsect		Name of I	Limited Liability C	Company		
The enclosed "A Existence, and	Application by For check are submitted	eign Limited Liability Comp d to register the above refere	oany for Authoriza enced foreign limit	tion to Tra ed liability	nsact Business in Florida." (company to transact busine	Certificate of ss in Florida.
Please return al	l correspondence c	oncerning this matter to the	following:			
	Joseph Ruta					
		N	ame of Person			
	Ruta Soulios &	Stratis LLP				
		Fi	rm/Company	_		
	211 E. 43rd Str	eet, 24th Floor				
			Address			
	New York, NY	10017				
		City/S	tate and Zip Code			
	jruta@lawnynj.co					
		E-mail address: (to be used	for future annual	report not	ification)	
For further info	rmation concerning	g this matter, please call:				
Joseph	h Ruta		21 2 at (997-45(_)	00	
	Name o	f Contact Person	Area Code	Day	time Telephone Number	
Divisi Regist P.O. E	LING ADDRESS: on of Corporations ration Section Box 6327 assee, FL 32314			Division of Registrati Clifton B 2661 Exe	ADDRESS: of Corporations ion Section uilding cutive Center Circle ee, FL 32301	
	heck for the follow 15.00 Filing Fee	ing amount: \$\sum \text{S130.00 Filing Fee & Certificate of Status}\$	☑ \$155.00 Filin Certified Copy	g Fee &	☐ \$160.00 Filing Fee. Cer of Status & Certified Copy	

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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. LMP FINANCE, LLC (Name of Foreign	Limited Liability Company; must include "Limi	· ·		
(If name unavailable, enter alternate n	ame adopted for the purpose of transacting business in F	Torida The alterna	ate name must include "Limited L	iability Company," "L.1, C," or "LLC,")
2. Delaware		3. 8.	2-8198575	
(Jurisdiction under the law of w	high foreign limited liability company is organized)		(FEI nur	nber, if applicable)
4. March 1, 2018				
	(Date first transacted business in Florida, if prior t (See sections 605.0904 & 605.0905, F.S. to deter	to registration.) mine penalty liabi	lity)	
5. 601 N. State Road 7		6. <u>60</u>	11 N. State Road 7	
(Street Address of F Plantation, FL 33317	Principal Office)	Pla	(Mailing Adantation, FL 33317	dress)
7. Name and street address Name:	ss of Florida registered agent: (P.O. Bo Samer Tawfik	ox <u>NOT</u> acco	eptable)	
Office Address:	601 N. State Road 7			· *
	Plantation		Florida 33317	<u> </u>
Having been named as re designated in this applica	(City) tance: gistered agent and to accept service of tion, I hereby accept the appointment ions of all statutes relative to the prope	as registere	d agent and agree to ac	d liability complete at the place in this capacity. I further agre
Having been named as re designated in this applica to comply with the provisi	tance: gistered agent and to accept service of tion, I hereby accept the appointment ions of all statutes relative to the prope s of my position as registered agent.	as registered	the above stated limite dagent and agree to ac	d liability complete at the place in this capacity. I further agre
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designated in this applica to comply with the provisi and accept the obligation	tance: gistered agent and to accept service of tion, I hereby accept the appointment ions of all statutes relative to the prope s of my position as registered agent.	as registered er and comp 's signature) has/have aut	the above stated limite d agent and agree to ac lete performance of my	d liability complets at the place in this capacity. I further agree duties, and I am familiar with
Having been named as redesignated in this applicate to comply with the provisional accept the obligation. 8. The name, title or capa	tance: registered agent and to accept service of tion, I hereby accept the appointment ions of all statutes relative to the proper to of my position as registered agent. (Registered agent actity and address of the person(s) who	as registered er and comp 's signature) has/have aut	the above stated limited agent and agree to aclete performance of my	d liability complets at the place in this capacity. I further agree duties, and I am familiar with
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Typed or printed name of signee

Joseph A. Ruta

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:

Delaware	name adopted for the purpose of transacting business in Flor	mide. The alternate some must include "I imited	
			Liability Company," "L.L.C," or "LLC,")
(humadiation under the law of t	which foreign limited liability company is organized)	3. 82-8198575	umber, if applicable)
(Jurisdiction under the law of v	vnich foreign timited habinty company is organized)	(FEL N	umoer, it applicable)
March 1, 2018			
	(Date first transacted business in Florida, if prior to r (See sections 605,0904 & 605,0905, F.S. to determine	registration) ine penalty liability)	
601 N. State Road 7		6 601 N. State Road 7	
(Street Address of	Principal Office)	(Mailing ,	Address)
Plantation, FL 33317		Plantation, FL 33317	
	ess of Florida registered agent: (P.O. Box Samer Tawfik	NOT acceptable)	
Name:	Samerrawik		
Office Address:	601 N. State Road 7		
	Plantation	33317	
esignated in this applic comply with the provi	egistered agent and to accept service of pation, I hereby accept the appointment assions of all statutes relative to the proper	process for the above stated limi is registered agent and agree to o	ict in this capacity. I further a
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Javing been named as a esignated in this applic of comply with the provinal accept the obligation. B. The name, title or capacity: CEO Use attachments if necessarisdiction under the law of the translator must be	ptance: registered agent and to accept service of pation, I hereby accept the appointment assions of all statutes relative to the proper as of my position as registered agent accity and address of the person(s) who has Name and Address: Samer Tawfik 601 N. State Road 7 Plantation, FL 33317 ressary) e of existence, no more than 90 days old, of which it is organized. (If the certificate submitted)	signature) as/have authority to manage is/are Title or Capacity: duly authenticated by the official te is in a foreign language, a trans	having custody of records in the classical of the certificate under control of the certificate unde
Javing been named as a esignated in this applic of comply with the provinal accept the obligation. 3. The name, title or capacity: CEO Use attachments if necessarisdiction under the law of the translator must be one of this document is executed. This document is executed as a certificate of the translator must be one of this document is executed.	ptance: registered agent and to accept service of pation, I hereby accept the appointment assions of all statutes relative to the proper as of my position as registered agent service agent service agent is a pacity and address of the person(s) who has a Name and Address: Samer Tawfik 601 N. State Road 7 Plantation, FL 33317	process for the above stated limits registered agent and agree to a and complete performance of no as/have authority to manage is/are Title or Capacity: duly authenticated by the official are is in a foreign language, a transfer is in a foreign language.	having custody of records in the classical that any false information
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Typed or printed name of signee

Joseph A. Ruta

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "LMP FINANCE, 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 FIFTEENTH DAY OF FEBRUARY, A.D. 2018.

18 FEB 24- AM 9: 49

Authentication: 202161870

Date: 02-15-18