

M18000006037

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

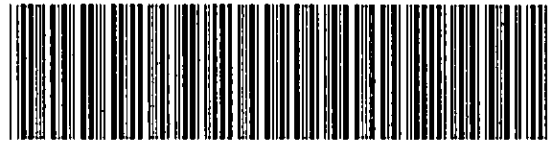
(Document Number)

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Special Instructions to Filing Officer:

W18-33015 Penalty

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06/21/18--01001--018 **638.75

04/05/18--01011--030 **111.50

FILED
18 JUN 21 PM 3:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K SALY
JUN 28 2018



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 6, 2018

NAISLETH RODRIGUEZ
MSP RECOVERY LLC
5000 SW 75 AVE, STE. 400
MIAMI, FL 33155

SUBJECT: MSP RECOVERY CLAIMS, SERIES LLC
Ref. Number: W18000033015

We have received your document for MSP RECOVERY CLAIMS, SERIES 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):

Pursuant to section 607.1502[✓](4), 617.1502(4) or 605.0904(7), Florida Statutes, this entity is liable for a civil penalty of at least \$500 but not more than \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification. In addition to this civil penalty, the appropriate annual report fees that would have been due this office had the entity qualified the year it began operations in this state are also due. The amount due this office to cover both annual report(s) and penalty fees is \$638.75.

2017/2018

There is a balance due of \$638.75.

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.

Karen A Saly
Regulatory Specialist II

Letter Number: 818A00007024

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: MSP Recovery Claims, Series 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:

Naisleth Rodriguez

Name of Person

MSP Recovery LLC

Firm/Company

5000 SW 75 Ave. Suite 400

Address

Miami, Florida 33155

City/State and Zip Code

NRodriguez@msprecovery.com

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

For further information concerning this matter, please call:

Naisleth Rodriguez

305

614-2222

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. MSP Recovery Claims, Series 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. The State of Delaware

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

3. 82-5013004

(FEI number, if applicable)

4. February 14, 2017

(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 5000 SW 75 Ave. Suite 400

(Street Address of Principal Office)

Miami, Florida 33155

6. 5000 SW 75 Ave Suite 400

(Mailing Address)

Miami, Florida 33155

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

Name: La Ley con John H Ruiz P.A.

Office Address: 5000 SW 75 Ave. Suite 400

Miami

(City)

, Florida 33155

(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:

Title or Capacity:

Name and Address:

Title or Capacity:

Name and Address:

Director

John H Ruiz

5000 SW 75 Ave. Suite 400

Miami, Florida 33155

(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.

(Signature of an authorized person)

John H Ruiz

Typed or printed name of signer

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CLERK OF STATE

Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MSP RECOVERY CLAIMS, SERIES 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 THIRTIETH DAY OF MARCH, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID "MSP RECOVERY CLAIMS, SERIES LLC" IS A SERIES LIMITED LIABILITY COMPANY.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MSP RECOVERY CLAIMS, SERIES LLC" WAS FORMED ON THE FOURTEENTH DAY OF FEBRUARY, A.D. 2017.

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


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DEPARTMENT OF STATE
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SR# 20182322304

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


Jeffrey W. Bullock, Secretary of State

Authentication: 202424966

Date: 03-30-18