M18000006666

(Re	questor's Name)	-
(Ad	dress)	
(Ad	dress)	
(Cit	ry/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



800315588388

07/11/18--01018--007 **125.00

ECRETARY OF STATE

8 JUL 11 PM 6: 41

COVER LETTER

TO:	Registration Section		
	Division of Corporations		

BRIEGE: MN13 INVESTMENTS, 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:

Mark Nagy
Name of Person
MN13 INVESTMENTS, LLC
Firm/Company
1455 Missouri St #2
Address
San Diego, CA 92109
City/State and Zip Code
marknagy13@hotmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mark Nagy

,,510 ;

856-7372

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:

	ame adopted for the purpose of transacting business	in Florida. The alternate name must include "Limite	d Liability Company," "L L.C," or "LLC.")
Nevada	hich foreign limited liability company is organized)	3	number, if applicable)
(Jurisdiction under the law of wi	high foreign limited liability company is organized)	(FEI	number, if applicable)
	(Date first transacted business in Florida, if pr (See sections 605.0904 & 605.0905, F.S. to d	for to registration) determine penalty liability)	•
1455 Missouri St	#2	6. 1455 Missouri St	#2
(Street Address of F San Diego, CA 92		San Diego, CA 92	Address)
our Brego, OA 32		San Diego, OA 32	7 TO 3
			
Name and street address	ss of Florida registered agent: (P.O.	Box NOT acceptable)	一震
·	Registered Agents Inc.		SHOW NO
Name:		· ·	五型
Office Address:	3030 N. Rocky Point Dr. S	STE 150A	GRAN F
	Tampa	, Florida 3360	7
egistered agent's accep	(City)		p code)
comply with the provisi	tion, I hereby accept the appointme	ent as registered agent and agree to oper and complete performance of	
comply with the provisi	tion, I hereby accept the appointmentions of all statutes relative to the pross of my position as registered agent	ent as registered agent and agree to oper and complete performance of	act in this capacity. I further
comply with the provision accept the obligations. The name, title or capa	tion, I hereby accept the appointment ions of all statutes relative to the prossion as registered agent (Registered agent) active and address of the person(s) where the prospective is a state of the person and the person and the person active in the person and the person active in the person active i	ent as registered agent and agree to oper and complete performance of t. gent's signature) ho has/have authority to manage is/a	act in this capacity. I further my duties, and I am familiar
comply with the provising accept the obligation. The name, title or capa Title or Capacity:	tion, I hereby accept the appointmetions of all statutes relative to the prison of my position as registered agent (Registered agent) acity and address of the person(s) when Name and Address:	ent as registered agent and agree to oper and complete performance of t.	act in this capacity. I further my duties, and I am familiar
comply with the provision accept the obligations. The name, title or capa	tion, I hereby accept the appointmetions of all statutes relative to the prosition as registered agent (Registered agent) acity and address of the person(s) when the person (s) where (s) when the person (s) where (s) where (s) when the person (s) where (ent as registered agent and agree to oper and complete performance of t. gent's signature) ho has/have authority to manage is/a	act in this capacity. I further my duties, and I am familiar
comply with the provising accept the obligation. The name, title or capa Title or Capacity:	tion, I hereby accept the appointmetions of all statutes relative to the prison of my position as registered agent (Registered agent) acity and address of the person(s) when Name and Address:	ent as registered agent and agree to oper and complete performance of t. gent's signature) ho has/have authority to manage is/a	act in this capacity. I further my duties, and I am familiar
comply with the provising accept the obligation. The name, title or capa Title or Capacity:	tion, I hereby accept the appointmetions of all statutes relative to the prosition as registered agent (Registered agent) acity and address of the person(s) when Name and Address: Mark Nagy 1455 Missoun St #2	ent as registered agent and agree to oper and complete performance of t. gent's signature) ho has/have authority to manage is/a	act in this capacity. I further my duties, and I am familiar
comply with the provising accept the obligation. The name, title or capa Title or Capacity:	tion, I hereby accept the appointmetions of all statutes relative to the prosition as registered agent (Registered agent) acity and address of the person(s) when Name and Address: Mark Nagy 1455 Missoun St #2	ent as registered agent and agree to oper and complete performance of t. gent's signature) ho has/have authority to manage is/a	act in this capacity. I further my duties, and I am familiar
comply with the provising accept the obligation. The name, title or capa Title or Capacity:	tion, I hereby accept the appointmetions of all statutes relative to the prosition as registered agent (Registered agent) acity and address of the person(s) when Name and Address: Mark Nagy 1455 Missoun St #2	ent as registered agent and agree to oper and complete performance of t. gent's signature) ho has/have authority to manage is/a	act in this capacity. I further my duties, and I am familiar
comply with the provising accept the obligations. The name, title or capa Title or Capacity: Manager	tion, I hereby accept the appointmetions of all statutes relative to the prosection as registered agent Beet (Registered agent) (Registered agent) active and address of the person(s) when Name and Address: Mark Nagy 1455 Missoun St #2 San Diegor, CA 92109	ent as registered agent and agree to oper and complete performance of t. gent's signature) ho has/have authority to manage is/a	act in this capacity. I further my duties, and I am familiar
comply with the provising accept the obligations. The name, title or capa Title or Capacity: Manager	tion, I hereby accept the appointmetions of all statutes relative to the prosection as registered agent Beet (Registered agent) (Registered agent) active and address of the person(s) when Name and Address: Mark Nagy 1455 Missoun St #2 San Diegor, CA 92109 sary)	ent as registered agent and agree to oper and complete performance of t. gent's signature) ho has/have authority to manage is/at Title or Capacity:	act in this capacity. I further my duties, and I am familiar
comply with the provising accept the obligations. The name, title or capa Title or Capacity: Manager Use attachments if neces.	tion, I hereby accept the appointmetions of all statutes relative to the prosection as registered agent But the Registered agent (Registered agent acity and address of the person(s) who Name and Address: Mark Nagy 1455 Missoun St #2 San Diegon, CA 92109 sary) of existence, no more than 90 days.	gent's signature) ho has/have authority to manage is/ai Title or Capacity:	act in this capacity. I further my duties, and I am familiar re: Name and Address:
comply with the provising accept the obligations. The name, title or capa Title or Capacity: Manager Use attachments if neces. Attached is a certificate risdiction under the law	tion, I hereby accept the appointmetions of all statutes relative to the price of my position as registered agent But Registered agent (Registered agent active and address of the person(s) when a new and Address: Mark Nagy 1455 Missour St #2 San Diego, CA 92109 sary) of existence, no more than 90 days of which it is organized. (If the certi	ent as registered agent and agree to oper and complete performance of t. gent's signature) ho has/have authority to manage is/at Title or Capacity:	act in this capacity. I further my duties, and I am familiar re: Name and Address:
comply with the provising accept the obligations. The name, title or capa Title or Capacity: Manager Use attachments if neces. Attached is a certificate risdiction under the law the translator must be sufficient and acceptable acceptable.	tion, I hereby accept the appointmetions of all statutes relative to the prise of my position as registered agent But Registered agent acity and address of the person(s) when Name and Address: Mark Nagy 1455 Missour St #2 San Diego, CA 92109 sary) of existence, no more than 90 days of which it is organized. (If the certiubmitted)	ent as registered agent and agree to oper and complete performance of t. gent's signature) ho has/have authority to manage is/at Title or Capacity: old, duly authenticated by the official ficate is in a foreign language, a transficate is in a foreign language.	act in this capacity. I further my duties, and I am familiar re: Name and Address: all having custody of records in islation of the certificate under
comply with the provising accept the obligations. The name, title or capa Title or Capacity: Manager Use attachments if neces Attached is a certificate risdiction under the law the translator must be such. This document is exec	received and statutes relative to the proposition as registered agent received and address of the person(s) where and address: Mark Nagy 1455 Missouri St. #2 San Diago, CA 92109 Sary) of existence, no more than 90 days of which it is organized. (If the certification accordance with section 605.) the Department of State constitutes.	ent as registered agent and agree to oper and complete performance of the gent's signature) ho has/have authority to manage is/as Title or Capacity: old, duly authenticated by the official ficate is in a foreign language, a transport of the capacity of	act in this capacity. I further my duties, and I am familiar re: Name and Address: all having custody of records in islation of the certificate under aware that any false information
comply with the provising accept the obligations. The name, title or capa Title or Capacity: Manager Use attachments if neces Attached is a certificate risdiction under the law the translator must be such. This document is exec	received and statutes relative to the proposition as registered agent received and address of the person(s) where and address: Mark Nagy 1455 Missouri St. #2 San Diago, CA 92109 Sary) of existence, no more than 90 days of which it is organized. (If the certification accordance with section 605.) the Department of State constitutes.	ent as registered agent and agree to soper and complete performance of t. gent's signature) ho has/have authority to manage is/at Title or Capacity: old, duly authenticated by the official ficate is in a foreign language, a transport of the complete is a third degree felony as provided for	act in this capacity. I further my duties, and I am familiar re: Name and Address: all having custody of records in islation of the certificate under aware that any false information

Typed or printed name of signee

SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, Barbara K. Cegavske, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, MN13 INVESTMENTS, LLC, as a limited liability company duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since May 2, 2018, and is in good standing in this state.

T VADA

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on June 27, 2018.

Ballians K. Cegarske

Barbara K. Cegavske Secretary of State

Electronic Certificate
Certificate Number: C20180627-0227