

07/20/2018

786 762 2589

GLOBAL ACCOUNTING

PAGE 01/04

Division of Corporations

Page 1 of 1

M18000006712

**Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H180002107173)))



H180002107173ABC.

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : GLOBAL ACCOUNTING AND TAX PROFESSIONAL CORP
Account Number : 120140000398
Phone : (786) 372-1391
Fax Number : (786) 762-2589

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: Global.usa@gmail.com

**Foreign Limited Liability Company
MMJB,LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

Electronic Filing Menu Corporate Filing Menu

Help

B FIGUEROA

JUL 23 2018

7/20/2018

<https://efile.sunbiz.org/scripts/efilcovr.exe>

RECEIVED

2018 JUL 20 PM 14:48

RECEIVED
DIVISION OF CORPORATIONS
JUL 20 2018

RECEIVED
DIVISION OF CORPORATIONS
JUL 20 2018

2018 JUL 20 AM 11:42

CL

H 180002107173

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MMJB,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:

SURELY MOLINA

Name of Person

GLOBAL ACCOUNTING AND TAX PROFESSIONALS CORP

Firm/Company

5862 WEST FLAGLER STREET

Address

MIAMI,FLORIDA 33144

City/State and Zip Code

SGLOBAL.USA@GMAIL.COM

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

For further information concerning this matter, please call:

SURELY MOLINA

786

372 -1391

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

H180002107 173

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. MMJB, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
MMJB FLORIDA, 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. DELAWARE
(Jurisdiction under the law of which foreign limited liability company is organized)
3. 30-0993587
(FEI number, if applicable)
4. 07/20/2018
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)
5. 5862 WEST FLAGLER STREET
(Street Address of Principal Office)
MIAMI, FLORIDA 33144
6. 5862 WEST FLAGLER STREET
(Mailing Address)
MIAMI FLORIDA 33144

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

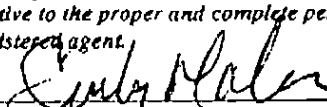
Name: SURELY MOLINA

Office Address: 5862 WEST FLAGLER STREET

MIAMI, Florida 33144
(City) (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:
MANAGER	SURELY MOLINA 5862 WEST FLAGLER ST MIAMI, FLORIDA 33144		

(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 authorized person)

SURELY MOLINA

Typed or printed name of signer

4180002107173

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "MMJB, 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 TWELFTH DAY OF JULY, A.D. 2018.



6436184 8300

SR# 20185638495

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

A handwritten signature of Jeffrey W. Bullock in black ink, written over a horizontal line.

Jeffrey W. Bullock, Secretary of State

Authentication: 203056506

Date: 07-12-18