7/30/2018

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

pivision of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

Phone : (514)280-3338 Fax Number

: (954)208-0845

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

Fmail Address:	

Foreign Limited Liability Company ML Food Group, LLC

Certificate of Status	0
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Electronic Filing Menu

Corporate Filing Menu

Help

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

ML Food Group, LLC	SINFAS IN THE STATE OF FLORIDA:			
Name of Forei	gn Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "	CLC.")		
	for the state of t	must includ	 e "Limite	ed
(If name unavailable, enter alt Liability Company," "L.L.C,"	ernate name adopted for the purpose of transacting business in Florida. The alternate name or "LLC.")	mesi mende	c Simir	
, DE	3. N/A			
(Jurisdiction under the law (company is organized)	of which foreign limited liability (PEI number, if applicable)			
upon qualification				
4. <u>upon quantitudos</u>	(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)			
5. 794 Penllyn Blue Bell				
Blue Bell, PA 19427				
	(Street Address of Principal Office)			
6. 794 Penllyn Blue Bell I	Pike, Ste 219			
Blue Bell, PA 19427				
	(Mailing Address)			
7. Name and street address	s of Florida registered agent: (P.O. Box NOT acceptable)			
Name:	C T Corporation System			
Office Address.	1200 South Pine Island Road			
	Plantation, Florida 33324 (Zip code)	-		
	(City) (Zip code)			
designated in this applica to complywith the provisi accept the obligations of	egistered agent and to accept service of process for the above stated that a transition, I hereby accept the appointment as registered agent and agree to act in the ons of all statutes relative to the proper and complete performance of my duties my position as registered agent. CT corporation System James M. Halpin (Registered agent's signAssistant Secretary	lity companies capacity. , and I am	ny at the I furth familian 2018 J.	ptace er agree r with and
	acity and address of the person(s) who has/have authority to manage is/are:	7- 3	<u>~</u>	
Marcus Lemonis, Manag	cr	·*4	ũ	-
794 Penllyn Blue Bell Pi	kc, Ste 219	77	<u>Б</u>	1 .
Blue Bell, PA 19427		3t 2	ယ္	i
jurisdiction under the law of the translator must be:	Mysterio of an authorized person	- ry false info		
submitted in a document	to the Department of State constitutes a third degree felony as provided for in s.81 Marcus Lemonis, authorized person	r, 100, 11.0.		
	Mittens tremotial aggression			



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

DELAWARE, DO HEREBY CERTIFY "ML FOOD GROUP, 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 JULY, A.D. 2018.

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

5550154 8300

SR# 20185901947
You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 203151038

Date: 07-30-18