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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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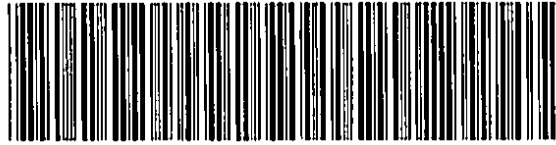
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N CULLIGAN

AUG 27 2018

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: MAD Asset Management, 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:

Miguel Adan de la Garza

Name of Person

Firm/Company

209 N. Treasure Dr.

Address

Tampa/FL/33609

City/State and Zip Code

mdelagar1@gmail.com

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

For further information concerning this matter, please call:

Kama Parkinson at Legally Mine

Name of Contact Person

at (800)

Area Code

375-2453

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. MAD Asset Management, 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 "L.L.C.")
2. Alaska
(Jurisdiction under the law of which foreign limited liability company is organized)
3. _____
(FEI number, if applicable)
4. _____
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)
5. 1231 W. Northern Lights Blvd. #911, Anchorage, AK 99503
(Street Address of Principal Office)
6. 209 N. Treasure Dr, Tampa, FL 33609
(Mailing Address)

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

Name: Miguel Adan de la Garza

Office Address: 209 N. Treasure Dr.

Tampa, Florida 33609
(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:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<u>Managing Member</u>	<u>Miguel Adan de la Garza</u> <u>209 N. Treasure Dr.</u> <u>Tampa, FL 33609</u>	<u>Member</u>	<u>Cecilia Sol de la Garza</u> <u>209 N. Treasure Dr.</u> <u>Tampa, FL 33609</u>
<u>Member</u>	<u>Exiquio David de la Garza</u> <u>209 N. Treasure Dr.</u> <u>Tampa, FL 33609</u>	<u>Member</u>	<u>Sofia Noelle de la Garza</u> <u>209 N. Treasure Dr.</u> <u>Tampa, FL 33609</u>

(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)

Miguel Adan de la Garza

Typed or printed name of signer

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Alaska Entity #10080400

State of Alaska
Department of Commerce, Community, and Economic
Development
Corporations, Business, and Professional Licensing

Certificate of Compliance

The undersigned, as Commissioner of Commerce, Community, and Economic Development of the State of Alaska, and custodian of corporation records for said state, hereby issues a Certificate of Compliance for:

MAD Asset Management, LLC

This entity was formed on March 16, 2018 and is in good standing. This entity has filed all biennial reports and fees due at this time.

No information is available in this office on the financial condition, business activity or practices of this corporation.



IN TESTIMONY WHEREOF, I execute the certificate
and affix the Great Seal of the State of Alaska
effective July 02, 2018.

A handwritten signature in cursive script that reads "Mike Navarre".

Mike Navarre
Commissioner