M18000093117

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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Special Instructions to Filing Officer:





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SECRE

N CULLIGAN: OCT 1 8 2018

COVER LETTER

TO:

Registration Section

Division of Corporations			
SUBJECT: MLHM Holding	49 LLC		
Na	pe of Limited Liability	Company	
The enclosed "Application by Foreign Limited Liability Existence, and check are submitted to register the above	Company for Authoriz referenced foreign lim	ation to Tr ited liabili	ransact Business in Florida," Certificate of ty company to transact business in Florida.
Please return all correspondence concerning this matter			
RAU/ CREMA	TA		
	Name of Person		-
JACAV. BEA	to un	_	
•	Firm/Company	 	
	-7 -	/	
6990 NW	25 51	<u> </u>	
	Address		
Miani, FL	= 33/2	2	
	City/State and Zip Code		
RAVL @ D57LL C E-mail address: (10 b	Com		
E-mail address: (10 b	e used for future annua	report no	tification)
For further information concerning this matter, please ca	dl:		
(Av) Cremata	at (305	5 3	00-0069
Name of Contact Person	Area Code	Day	00-0069 ytime Telephone Number
MAILING ADDRESS:		STREET	Γ ADDRESS:
Division of Corporations		Division	of Corporations
Registration Section P.O. Box 6327		-	ion Section
Tallahassee, FL 32314			ecutive Center Circle Sec, FL 32301
Enclosed is a check for the following amount:			
\$125.00 Filing Fee S130.00 Filing Fee Certificate of Status	e & ☐ \$155.00 Filir Certified Copy	ng Fee &	☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy



September 4, 2018

RAUL CREMATA 6990 NW 25TH ST MIAMI, FL 33122

SUBJECT: MLHM HOLDINGS, LLC

Ref. Number: W18000079248

We have received your document for MLHM HOLDINGS, LLC and your check(s) totaling \$125.00. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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) 245-6052.

Neysa Culligan Regulatory Specialist II

Letter Number: 318A00018260

www.sunbiz.org

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

COMPANY TO TRANSACT BUSIN	N 605.0902. FLORIDA STATUTES, THE F ESS INTHE STATE OF FLORIDA:	OLLOWING IS SUBMITTED TO REC	GISTER A FOREIGN LIMITED LIABILITY
1. MLH	M Holding	10	
(Name of Foreign Limit	ited Liability Company; must include "Limite	ed Liability Company," "L.L.C.," or "LL	C.")
(If name unavailable, enter alternate name a	adopted for the purpose of transacting business in Flo	rida Tha la annual a	
2. State of	DE LAWARE	The aniemate name must include "Limited	1 Liability Company," "L.L.C," or "LEC.")
(Jurisdiction under the law of which for	oreign limited liability company is organized)	3. <u>82 - 268</u> (FEI	mamber, if applicable)
4			
	(Date first transacted business in Florida, if prior to (See sections 605 0904 & 605,0905, F.S. to determine	registration) ne penalty liability)	
5. 6990 NW (Street Address of Princip	25 57, sal Office)	6. 6990 NG	1 25 75 57.
Mismi Fl	33122	Wisan;	Address)
			5,50
7.31			Fig. 8 m
	Florida registered agent: (P.O. Box	NOT acceptable)	
Name:	VE/SON MOJENI	4	SSE
Office Address: 6	990 NW 25"	2 5/.	THE PRINT
	WiAm FL	, Florida <i>33</i>	122 25 3
Registered agent's acceptanc	(City)	(Zip	code)
Having been named as registed designated in this application	ered agent and to accept service of p	rocess for the above stated limi	ted liability company at the place
to comply with the provisions	I hereby accept the appointment as of all statutes relative to the proper	registerea agent and agree to a and complete performance of n	ict in this capacity. I further agree by duties, and I am familiar with
and accept the obligations of t	my position as registered agent.	I/Λ	•
	(Registered agent's s	ignatura	
8. The name, title or capacity	and address of the person(s) who has	• 1 1	
Title or Capacity:	Name and Address:	Title or Capacity:	: Name and Address:
InEsident	KAFAEL Villoldo		
	8435 3W 5414 C	7	
	MiAMi, FL 3314	3	
			
(Use attachments if necessary)			
9. Attached is a certificate of ex-	kistence, no more than 90 days old, d	uly authenticated by the official	having custody of records in the
of the translator must be submit	acu ii is organized. HI the certificate	is in a foreign language, a transl	ation of the certificate under oath
10. This document is executed i	in accordance with section 605.0203	(1)/h) Florida Control t	
submitted in a document to the l	Department of State constitutes a thir	d degree felony as provided for i	are that any false information n s.817.155, F.S.
	Signature of	an authorized person	
	1(AFAEL Vill	ol do	
	Typed or p	rinted name of signee	



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

DELAWARE, DO HEREBY CERTIFY "MLHM HOLDINGS, 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 SIXTH DAY OF OCTOBER, A.D. 2018.

Authentication: 203564100

Date: 10-06-18