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COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT: MICHAEL MAHOGANI PROPERTIES, 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:

Certificate of Status

lease return all correspondence concerning this matter to the	following:	
Omar Williams		
N	ame of Person	
MICHAEL MAHOGA	ANI PRO	PERTIES, LLC
F	irm/Company	
1803 E. Leonard St		
	Address	
Pensacola, FL 3250)3	
City/S	tate and Zip Code	
omarwilliams33@gn	nail.com	
E-mail address: (to be use	d for future annual	report notification)
or further information concerning this matter, please call:		
Omar Williams	· 850	375-2165
Name of Contact Person	Area Code	Daytime Telephone Number
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327		STREET ADDRESS: Division of Corporations Registration Section Clifton Building
Tallahassee, Fl. 32314	2661 Executive Center Circ Tallahassee, FL 32301	
inclosed is a check for the following amount:		
☑ \$125.00 Filing Fee ☐ \$130.00 Filing Fee &	□ \$155.00 Filin	g Fee & S160.00 Filing Fee, C

Certified Copy

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:

2.Nevada	ime adopted for the purpose of transacting business	s in Florida. The alternate	name must include "Limited	Liability Company," "L.L.C.	" or "L.I.C.")	
		3.			,	
	ich foreign limited liability company is organized)		(FEI m	umber, if applicable)		
l.						
	(Date first transacted business in Florida, if p (See sections 605 0904 & 605 0905, F.S. to	prior to registration.) determine penalty liability:)			
4730 S. Fort Apac	che Rd Suite 300	₆ , 473	0 S. Fort Apaci	he Rd Suite 300)	
(Street Address of Principal Office) Las Vegas, NV 89147			6. 4730 S. Fort Apache Rd Suite 300 (Mailing Address) Las Vegas, NV 89147			
Las vegas, 14v oc	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Las	vegas, 14V 05	177		
				, -1 .		
. Name and street address	s of Florida registered agent: (P.O.	. Box NOT accept	able)		3	
Name:	Registered Agents Inc.				NOV Signal Signa	
Name:			_		1 42	
Office Address:	3030 N. Rocky Point Dr. S	31E 150A	_		- 33	
Tampa			_ , Florida <u>33607</u>		天 克	
Registered agent's accept	(City)		(Zip)	code)	₩	
	of my position as registered agen					
	(Registered a	agent's signature)				
8. The name, title or capa	city and address of the person(s) w	ho has/have author	rity to manage is/are	·•		
Title or Capacity:	Name and Address:		Capacity:	Name and Ad	dress:	
Manager	Amanda Williams					
	4730 S. Fort Apache Rd Suite 300 Las Vegas. NV 89147					
	243 70443 117 00747			_		
Manager	Omar Williams					
<u>Manager</u>	4730 S. Fort Apache Rd Suite 300		• •			
	4730 S Fort Apache Rd Suite 300 Las Vegas NV 89147					
(Use attachments if necess	4730 S For Apache Rd Suite 300 Las Vegas NV 89147					
(Use attachments if necess). Attached is a certificate urisdiction under the law o	6 A730 S For Apache Rd Suite 300 Las Vegas NV 89147 Sary) of existence, no more than 90 days of which it is organized. (If the cert					
(Use attachments if necess) O. Attached is a certificate urisdiction under the law of the translator must be su	4730 S Fort Apache Rd Suite 300 Las Vegas NV 89147 Sary) of existence, no more than 90 days of which it is organized. (If the cert abmitted)	ificate is in a forei	gn language, a trans	lation of the certifica	ate under oat	
(Use attachments if necess) 9. Attached is a certificate purisdiction under the law of the translator must be sulto. This document is exect	6 A730 S For Apache Rd Suite 300 Las Vegas NV 89147 Sary) of existence, no more than 90 days of which it is organized. (If the cert	ificate is in a foreign.	gn language, a trans ida Statutes. I am av	lation of the certification of	ate under oat	

Typed or printed name of signee

Omar Williams

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, **MICHAEL MAHOGANI PROPERTIES, 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 October 18, 2017, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on October 18, 2018.

Barbara K. Cegavske
Secretary of State

Electronic Certificate

Certificate Number: C20181018-1114