M18000010896

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT] MAIL			
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Stat	us			
Special Instructions to Filing Officer:				
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18 FEC -1, PH 3: 35

SUNSHINE CORPORATE FILING OF FLORIDA INC.

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 12/4/2018		*********	F3.74-0
ENTITY NAME	MVM SARASOTA, LLC	**WALK	
DOCUMENT NUMBE	R		
	PLEASE FILE THE ATTACHED AND RETURN		
<u>xxxx</u>	Plain Copy Certified Copy		
	Certificate of Status		
	PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY		
	Certified Copy of Arts & Amendments		
	Certificate of Good Standing		
	APOSTILLE' / NOTARIAL CERTIFICATION		
COUNTRY OF DESTII	NATION		
NUMBER OF CERTIFI	CATES REQUESTED		
TOTAL OWED \$125	.00		

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:

L. MVM Sarasota, LLC (Same of Foreign)	Limited Liability Company; must include "Limit	ed Liability	y Company," "L.L.C.," or "LLC.")	
(If name mayadable enter alten ate in	one adopted for the purpose of transacting business in Ph	orida. The al	ternate name must include * Limited Linbility	Company," "E. L. C." or LUC
Delaware		3.	83-2707476	
(Aurisdiction a idea the law of wh	ach foreign hinded hability company is organized)	•	(FEI number, d	applicable)
4	(Date first transacted business in Florida, if prior 6 (See sections 605 0903 & 605 0905, U.S. to determ	र दशकाकार		
7904 E. Chaparral Road, Suite A110 #464			7904 E. Chaparral Road, Suite A410 #464_ (Mailing Address)	
(Smatt Address of I	mapa Offices	17.	(Mailing Address)	
Scottsdale, AZ 85250			Scottsdale, AZ 85250	
			<u></u>	1 1
				<u></u>
				(:)
7. Name and street address	§ of Florida registered agent: (P.O. Bo	x <u>NOT</u>	acceptable)	- ప్
Name:	NRAI Services, Inc.			
Office Address:	1200 South Pine Island Road		- Aggranisma	
			33324 , Florida	
	(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.

(Reinsteined agent's Kiematian)

Title or Capacity:	ess of the person(s) who has/have authority to manage is/are: Name and Address:	
Manager	Kenneth B. Black, Jr.	-
	7904 E. Chaparral Road, Suite A110 #464	
	Scottsdale, AZ 85250	_
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		_
(Use attachments if necessary)		
Attached is a certificate of existence.	, no more than 90 days old, duly authenticated by the official having custody organized. (If the certificate is in a foreign language, a translation of the co	of records in the original of
0. This document is executed in accorubmitted in a document to the Departm	rdance with section 605.0203 (1) (b), Florida Statutes. I am aware that any falment of State constitutes a third degree felony as provided for in s.817.155, F	lse information .S.
1	. Signature of an authorized person	
Kenneria B.	. Black, Jr.	
/ /	Typed or printed name of signoc	

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "MVM SARASOTA, 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 FOURTH DAY OF DECEMBER, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MVM SARASOTA, LLC" WAS FORMED ON THE TWENTIETH DAY OF NOVEMBER, A.D. 2018.

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

Authentication: 204016877

Date: 12-04-18