

M190000001557

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☒ WAIT

☐ MAIL

(Business Entity Name)

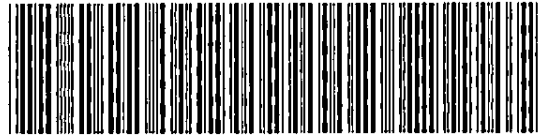
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W19-14355

Office Use Only



300324828923

02/13/19--01012---015 **130.00

02/14/19--01002--007 **916.25

19 FEB 13 PM 12:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2019 FEB 14 AM 11:21

FILED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 13, 2019

AZUREDE ROSS
4923 W. CYPRESS STREET
TAMPA, FL 33607

SUBJECT: THE GREEK MHP LLC
Ref. Number: W19000014355

We have received your document for THE GREEK MHP LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

According to the application submitted to this office, this entity transacted business in the state of Florida before properly registering with the Florida Department of State, Division of Corporations. Consequently, a \$500 civil penalty and an annual report filing fee for each year the entity failed to properly file a Florida annual report are due this office. Based on the date entered on the application, the civil penalty and annual report filing fees total \$916.25.

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) 245-6900.

Stacy Prather
Regulatory Specialist III

Letter Number: 619A00003132

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: THE GREEK MHP 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:

AZUREDE ROSS

Name of Person

BRYAN W. SYKES, P.A., D/B/A MERIDIAN PARTNERS

Firm/Company

4923 W. CYPRESS STREET

Address

TAMPA, FLORIDA 33607

City/State and Zip Code

AZUREDE@MERIDIANPARTNERSLAW.COM

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

For further information concerning this matter, please call:

AZUREDE ROSS

813

443-5260

Name of Contact Person

at ()

Area Code

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. THE GREEK MHP 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 "LLC.")

2. ILLINOIS

(Jurisdiction under the law of which foreign limited liability company is organized)

3. 27-0513420

(FEI number, if applicable)

4. 1/22/2016

(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 465 7TH AVENUE NORTH

(Street Address of Principal Office)

ST. PETERSBURG, FL 33701

6. 465 7TH AVENUE NORTH

(Mailing Address)

ST. PETERSBURG, FL 33701

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

Name: BRYAN W. SYKES, ESQ.

Office Address: 4923 W. CYPRESS STREET

TAMPA

(City)

, Florida 33607

(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:

Title or Capacity:

Name and Address:

Title or Capacity:

Name and Address:

MGR

JULIA SCHWERIN

465 7TH AVENUE

ST. PETERSBURG

FLORIDA 33701

(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)

AZUREDE ROSS, AUTHORIZED REPRESENTATIVE

Typed or printed name of signer

FILED
2019 FEB 14 AM 11:21
CLERK OF STATE
TALLAHASSEE, FLORIDA

File Number

0314086-5



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

THE GREEK MHP LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON JULY 08, 2009, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set
my hand and cause to be affixed the Great Seal of
the State of Illinois, this 13TH
day of FEBRUARY A.D. 2019 .

Jesse White

SECRETARY OF STATE