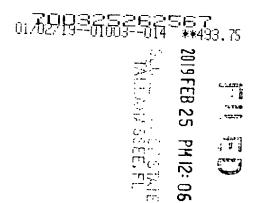
M19000001949

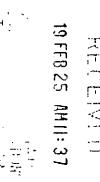
| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
| |
| |
| |
| |

Office Use Only



700325262567





G. PRATHER

SUNSHINE CORPORATE FILING OF FLORIDA INC.

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

| DATE 2/25/2019 | | #WALK IN# |
|--------------------------------------|---|-----------|
| ENTITY NAME | MATBRIDGE ENTERPRISES, LLC | WALK IIV |
| DOCUMENT NUMBE | ER | |
| | **PLEASE FILE THE ATTACHED AND RETURN** | |
| XXXX | 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 DESTI NUMBER OF CERTIF | NATION | |
| TOTAL OWED 125 | 5.00 (credit) CHECK # Secreti | È |
| Please call Tina a | t the above number for any issues or concerns. Thank you so | much! |

COVER LETTER

| TO: Registration Section Division of Corporations |
|--|
| SUBJECT: MATBRIDGE ENTERPRISES, LLC |
| SUBJECT: 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: |
| J. Hiestand |
| Name of Person |
| Harbor Compliance |
| Firm/Company |
| 1830 Colonial Village Ln |
| Address |
| Lancaster, PA 17601 |
| City/State and Zip Code |
| filing@harborcompliance.com |
| E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| Harbor Compliance 717 723-9317 |
| Name of Contact Person Area Code Daytime Telephone Number |
| MAILING ADDRESS:STREET ADDRESS:Division of CorporationsDivision of CorporationsRegistration SectionRegistration SectionP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301 |

☐ \$155.00 Filing Fee & Certified Copy

☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status

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:

| | | ited Liability Company," "L.L.C.," or "L.L.C." | | |
|---|--|---|---|--|
| (If name unavailable, enter alternate na | ime adopted for the purpose of transacting business in | Florida. The alternate name must include "Limited Lin | ability Company," "L.L.C." or "LLC") | |
| 2 Maryland | | ₃ 82-4226525 | ₃ 82-4226525 | |
| (Junsdiction under the law of wh | ich foreign limited liability company is organized) | (FE) man | ber, if applicable) | |
| 4 06/15/2018 | | | | |
| 4 | (Date first transacted business in Florida, if prior (See sections 605 0904 & 605,0905, F.S. to dete | to registration) -mine penalty liability) | | |
| 617 Traveler Ct | | 6. 617 Traveler Ct | | |
| (Street Address of F | rmeipal Office) | (Mailing Ad | dress) | |
| | | | | |
| Lothian, MD 20711 | | Lothian, MD 20711 | | |
| | | | | |
| 7. Name and street address | ss of Florida registered agent: (P.O. F | ox NOT acceptable) | 20 | |
| Name: | Registered Agents Inc. | | En | |
| (vanic. | 7004 44 04 N CTE 200 | | PHI2: 06 | |
| Office Address: | 7901 4th St N STE 300 | | 17 17 17 | |
| | St. Petersburg | Florida <u>33702</u> | FE 8 | |
| Registered agent's accep | (City) | 1Zip co | ode) | |
| to comply with the provis | ions of all statutes relative to the pro s of my position as registered agent. | of proceedings of a series of | y duties, and 1 am jaminar with | |
| to comply with the provis | ions of all statutes relative to the pro | nt Secretary/Registered Agents Inc. | y duties, and 1 am jaminar will | |
| to comply with the provis and accept the obligation 8. The name, title or cap | s of my position as registered agent. Bill Havre/Assistar (Registered agent) acity and address of the person(s) who | nt Secretary/Registered Agents Inc. | , uunes, una 1 um jaminu. | |
| to comply with the provis and accept the obligation 8. The name, title or cap Title or Capacity: | But Harre/Assistar (Registered agent (Registered agent) acity and address of the person(s) who Name and Address: | nt Secretary/Registered Agents Inc. on has/have authority to manage is/are: | : | |
| to comply with the provis and accept the obligation 8. The name, title or cap | s of my position as registered agent. Bill Havre/Assistar (Registered agent) acity and address of the person(s) who | nt Secretary/Registered Agents Inc. on has/have authority to manage is/are: Title or Capacity: | Name and Address: David Buddemeyer | |
| to comply with the provis and accept the obligation 8. The name, title or cap Title or Capacity: | But Havre/Assistan (Registered age acity and address of the person(s) who Name and Address: Howard Taylor | nt Secretary/Registered Agents Inc. on has/have authority to manage is/are: Title or Capacity: | Name and Address: David Buddemeyer | |
| to comply with the provis and accept the obligation 8. The name, title or cap Title or Capacity: | acity and address of the person(s) who Name and Address: Howard Taylor 617 Travelor C: Legistan, MO 20711 Joe Wright | nt Secretary/Registered Agents Inc. on has/have authority to manage is/are: Title or Capacity: | Name and Address: David Buddemeyer | |
| to comply with the provis and accept the obligation 8. The name, title or cap Title or Capacity: Member | acity and address of the person(s) who Name and Address: Howard Taylor 617 Travelor C: Legister, MO 20711 | nt Secretary/Registered Agents Inc. on has/have authority to manage is/are: Title or Capacity: | Name and Address: David Buddemeyer | |
| s. The name, title or cap Title or Capacity: Member | acity and address of the person(s) who Name and Address: Howard Taylor 617 Travelor C: Lepison, MO 20711 Joe Wright 3 Van Dier Land Green Pond, NJ 07435 | nt Secretary/Registered Agents Inc. on has/have authority to manage is/are: Title or Capacity: | Name and Address: David Buddemeyer | |
| s. The name, title or cap Title or Capacity: Member Member (Use attachments if nece | acity and address of the person(s) who Name and Address: Howard Taylor 617 Travelor C: Lethian, IAD 20711 JOE Wright 3 Van Dur Land Green Pood, NJ 07435 SSSRIY) | nt Secretary/Registered Agents Inc. ont's signature) o has/have authority to manage is/are: Title or Capacity: Member | Name and Address: David Buddemeyer 11748 Mayter Fleto Dr Tarronen MD 21093 | |
| 8. The name, title or cap Title or Capacity: Member We attachments if nece | Bill Havre/Assistar (Registered agent. Bill Havre/Assistar (Registered agent) acity and address of the person(s) who Name and Address: Howard Taylor 617 Travelor C: Lepison, MO 20711 Joe Wright 3 Van Der Lano Green Pond, NJ 07435 ssary) e of existence, no more than 90 days of of which it is organized. (If the certifications) | nt Secretary/Registered Agents Inc. ont's signature) o has/have authority to manage is/are: Title or Capacity: Member | Name and Address: David Buddemeyer 1:748 Mayter Field Dr Tangnen 140 21053 having custody of records in the | |
| 8. The name, title or cap Title or Capacity: Member (Use attachments if nece 9. Attached is a certificat jurisdiction under the law of the translator must be | Bill Havre/Assistar (Registered agent. Bill Havre/Assistar (Registered agent) acity and address of the person(s) who Name and Address: Howard Taylor 617 Travelor C: Lepison, MO 20711 Joe Wright 3 Van Der Lano Green Pond, NJ 07435 ssary) e of existence, no more than 90 days of of which it is organized. (If the certifications) | old, duly authenticated by the official licate is in a foreign language, a trans | Name and Address: David Buddemeyer 11748 Mayter Flex Dr Taxonon '40 21093 having custody of records in the lation of the certificate under oath ware that any false information | |
| 8. The name, title or cap Title or Capacity: Member (Use attachments if nece 9. Attached is a certificat jurisdiction under the law of the translator must be | But Havre/Assistan (Registered agent. Bill Havre/Assistan (Registered agent. Bill Havre/Assistan (Registered agent. acity and address of the person(s) who Name and Address: Howard Taylor 617 Travelor C: Legistan, MO 20711 Joe Wright 3 Van Der Land Green Poord, NJ 07435 ssary) e of existence, no more than 90 days of of which it is organized. (If the certification) submitted) | old, duly authenticated by the official licate is in a foreign language, a trans | Name and Address: David Buddemeyer 11748 Mayter Flex Dr Taxonon '40 21093 having custody of records in the lation of the certificate under oath ware that any false information | |
| S. The name, title or cap Title or Capacity: Member (Use attachments if nece 9. Attached is a certificat jurisdiction under the law of the translator must be | Bill Havre/Assistar (Registered agent. A same and Address: Howard Taylor 617 Travelor C: Legistan, 180 20711 Joe Wright 3 Van Dur Lano Green Pood, NJ 07435 ssary) e of existence, no more than 90 days of of which it is organized. (If the certification in accordance with section 605, to the Department of State constitutes | old, duly authenticated by the official licate is in a foreign language, a trans | Name and Address: David Buddemeyer 11748 Mayter Flex Dr Taxonon '40 21093 having custody of records in the lation of the certificate under oath ware that any false information | |

STATE OF MARYLAND Department of Assessments and Taxation

I, MICHAEL L. HIGGS OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO LIMITED LIABILITY COMPANIES, OR THE RIGHTS OF LIMITED LIABILITY COMPANIES TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT MATBRIDGE ENTERPRISES, LLC (W18567305), REGISTERED FEBRUARY 01, 2018, IS A LIMITED LIABILITY COMPANY EXISTING UNDER AND BY VIRTUE OF THE LAWS OF THE STATE OF MARYLAND, AND THAT THE LIMITED LIABILITY COMPANY IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING TO TRANSACT BUSINESS.

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE ON THIS JANUARY 29, 2019.

Michael L. Higgs

Director



301 West Preston Street. Baltimore, Maryland 21201 Telephone Baltimore Metro (410) 767-1340 / Outside Baltimore Metro (888) 246-5941 MRS (Maryland Relay Service) (800) 735-2258 TT/Voice

> Online Certificate Authentication Code: jOTBdlVQdUOMB7JthfGpkQ To verify the Authentication Code, visit http://dat.maryland.gov/verify