

M19000004056

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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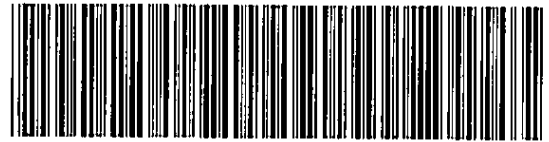
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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ALABAMA SECRETARY OF REVENUE

2019 APR 16 AM 8:00

FILED

4/23/19



# BUSINESS LICENSES, LLC

21 Robert Pitt Drive, Suite 310 • Monsey, NY 10952 • 845.356.8390 • Fax 845.356.8397

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April 10, 2019

Division of Corporations  
Registration Division  
PO Box 6327  
Tallahassee, FL 32314

Dear Sir/Madam:

Enclosed please find the **Application by Foreign LLC for Authorization to Transact Business in Florida** which was completed by our customer **MCH Management LLC**. Also included is payment for the required fee, as well as a current Certificate of Good Standing from the business's home state.

Once the application has been processed, please forward evidence to the following mailing address:

**MCH Management LLC  
15811 Twin Creek Drive  
Jacksonville, FL 32218**

If there are any issues with the application or if you require any further information, kindly contact our Business Licensing division directly at the number or address listed below.

Thank you,

***Penina Glick***

Licensing Compliance  
Business License, LLC  
21 Robert Pitt Drive  
Suite 310  
Monsey, NY 10952  
P: (845) 356-8390 Ext. 220  
glickp@businesslicenses.com

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: MCH MANAGEMENT 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:

Matthew Carl House

\_\_\_\_\_  
Name of Person

MCH Management LLC

\_\_\_\_\_  
Firm/Company

15811 Twin Creek Drive

\_\_\_\_\_  
Address

Jacksonville, FL 32218

\_\_\_\_\_  
City/State and Zip Code

housematte@gmail.com

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

For further information concerning this matter, please call:

Penina Glick

845

356-8390 Ext. 220

at ( )

\_\_\_\_\_  
Name of Contact Person

\_\_\_\_\_  
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:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**



\$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. MCH Management LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," 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," "LLC," or "LLC.")

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

3. 83-2981912  
(FEI number, if applicable)

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

5. 15811 Twin Creek Drive  
(Street Address or Principal Office)

6. 15811 Twin Creek Drive  
(Mailing Address)

Jacksonville, FL 32218  
Jacksonville, FL 32218

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

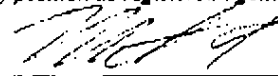
Name: Matthew Carl House

Office Address: 15811 Twin Creek Drive

Jacksonville, \_\_\_\_\_, Florida 32218  
(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.

  
(Registered agent's signature)

FILED  
2019 APR 16 AM 9:00  
TALLAHASSEE, FLORIDA

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage (up to six (6) total):

Title or Capacity:                      Name and Address:  
☒ Manager      Name: Matthew Carl House  
☒ Member        Address: 15811 Twin Creek Drive  
☐ Authorized     Jacksonville, FL 32218  
Person \_\_\_\_\_  
☐ Other \_\_\_\_\_                      ☐ Other \_\_\_\_\_

☐ Manager      Name: \_\_\_\_\_  
☐ Member        Address: \_\_\_\_\_  
☐ Authorized     \_\_\_\_\_  
Person \_\_\_\_\_  
☐ Other \_\_\_\_\_                      ☐ Other \_\_\_\_\_

☐ Manager      Name: \_\_\_\_\_  
☐ Member        Address: \_\_\_\_\_  
☐ Authorized     \_\_\_\_\_  
Person \_\_\_\_\_  
☐ Other \_\_\_\_\_                      ☐ Other \_\_\_\_\_

Title or Capacity:                      Name and Address:  
☐ Manager      Name: \_\_\_\_\_  
☐ Member        Address: \_\_\_\_\_  
☐ Authorized     \_\_\_\_\_  
Person \_\_\_\_\_  
☐ Other \_\_\_\_\_                      ☐ Other \_\_\_\_\_

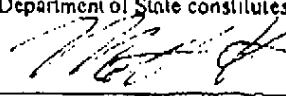
☐ Manager      Name: \_\_\_\_\_  
☐ Member        Address: \_\_\_\_\_  
☐ Authorized     \_\_\_\_\_  
Person \_\_\_\_\_  
☐ Other \_\_\_\_\_                      ☐ Other \_\_\_\_\_

☐ Manager      Name: \_\_\_\_\_  
☐ Member        Address: \_\_\_\_\_  
☐ Authorized     \_\_\_\_\_  
Person \_\_\_\_\_  
☐ Other \_\_\_\_\_                      ☐ Other \_\_\_\_\_

**Important Notice:** Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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

Matthew Carl House

Typed or printed name of signer

FILED  
2019 APR 16 PM 8:00  
TALLAHASSEE  
FLORIDA  
CLERK OF THE COURT

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MCH MANAGEMENT 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 FIRST DAY OF APRIL, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MCH MANAGEMENT LLC" WAS FORMED ON THE TWENTY-SEVENTH DAY OF DECEMBER, A.D. 2018.

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



  
Jeffrey W. Bullock, Secretary of State