(Requestor's Name)	
(Address)	<u>_</u>
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
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2019 MAY 20 PH 3: 25

T GLASS MAY 3 1 2019 Registration Section Division of Corporations

SUBJECT:	MM Associates Fund	I Partner	s LLC		
	Name of	Limited Liability C	Company	-	
	I "Application by Foreign Limited Liability Com and check are submitted to register the above refer				
Please return	all correspondence concerning this matter to the	following:			
	John Oliver			_	
	i	Tame of Person			
MM Associates Fund I Partners LLC					
	j.	irm/Company			
	530 East Main Street, Suite 909				
		Address		-	
	Richmond, VA 232	19-2415		_	
	·)	State and Zip Code			
	joliver@battlemonur			~	
	E-mail address: (to be use	ed for future annual	report notification)	2019 MAY 20	
For further in	nformation concerning this matter, please call:		! 	YW.	3
Jo	ohn Oliver	804	305-1766	•	
_	Name of Contact Person	Area Code	Daytime Telephone Number	· ₽	
Div Reg P,O	ALING ADDRESS: ision of Corporations istration Section . Box 6327 lahassee, FL 32314		STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	PH 3: 25	
	losed is a check for the following amount: ase make check payable to: FLORIDA DEPAR	 ment of stat	TE.		
	\$125.00 Filing Fee S130.00 Filing Fee Certificate of St	\$155.00	Filing Fee & S160.00 Filing ed Copy of Status & Cen		

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

		IN FLORIDA			
company to transact re MM Associates	TION 005 0002 FLORIDA STATUTES SINESS INTHE STATE OF FLORIDA Fund I Partners LLC			CFOREJGN LIMITEL)
	Limited Liability Company, must include				
, Commonw	ame adopted for the purpose of transacting businessed the ealth of Virginia linch foreign limited hability company is organized.	.3.	83-0638666		_
dynasticum mater the law of wi	men ascign minico maonity corapato is organize		(FE) Manuel, II	армезист	
· · · · · · · · · · · · · · · · · · ·	(Date first transacted business in Florida, if (See sections 605 0904 & 605 0905, U.S.)	prior to registration) determine penalty ha	hility)	_	
5. 530 East Main Street		6. 530 East Main Street			_
Suite 909		3	Suite 909		
Richmond, VA 23219		Richmond, VA 23219			
7. Name and <u>street addres</u>	ss of Florida registered agent: (P.C	Box <u>NOT</u> ac	ceptable)	2019 M	
Name:	Registered Age	ents Inc	<u>). </u>	019 HAY 20	とうない。
Office Address:	7901 4th St N	\$TE 30	00	P# 3:	ED ED AACO
	St. Petersburg		, Florida 33702	25	
designated in this applica to comply with the provisi	tance: gistered agent and to accept servi tion, I hereby accept the appointn ions of all statutes relative to the p s of my position as registered agen	nent as register proper and com	ed agent and agree to act in t	his capacity. I furt	ther agree

8. For initial index manage [up to six (6)	ing purposes, list names, title or capacily () total]:	and addresses of the primary m	embers/manago	ers or persons authorized to
Title or Capacity:	Name and Address:	Title or Capacity:		Name and Address:
☑Manager	Name: W. John Oliver	Manager	Name:	
✓Member	Address: 530 East Main St	Member	Address:	
✓Authorized	Ste 909	Authorized		
Person	Richmond, VA 23219	Person		
Other	Other	Other	 _	Other
☐Manager	Name: Michael Brumagin	☐ Manager	Name	
✓ Member	Address: 530 East Main St			
	Ste 909		Address.	
	Richmond, VA 23219	Authorized		
Person		Person		_
Other	Other	Other		Other
Manager	Name:	Manager	Name:	2019 HA
Member	Address:	Member	Address:	7 7 7 A
Authorized		Authorized		
Person		Person		
Other	Other	Other	<u> </u>	□Other 8
9. Attached is a cert jurisdiction under th of the translator mus		our Florida Department of State is old, duly authenticated by the rtilicate is in a foreign language,	Annual Report official having a translation of	form. custody of records in the the certificate under oath
	s executed in accordance with section 60 nent to the Department of State constitut			
	<u> N. J. All</u>	Signature of an authorized person		-
	W. John Oliver			_
		Typed or printed name of signee	·· 	

Communication all the Africa inital



State Corporation Commission

CERTIFICATE OF FACT

I Certify the Following from the Records of the Commission:

That MM Associates Fund I Partners LLC is duly organized as a limited liability company under the law of the Commonwealth of Virginia;

That the date of its organization is May 23, 2018; and

That the limited liability company is in existence in the Commonwealth of Virginia as of the date set forth below.

Nothing more is hereby certified.

FILED
2019 HAY 20 PH 3: 26
LEDING SEE STAFF

Signed and Sealed at Richmond on this Date: May 15, 2019



Joet It. Teck, Cierk of the Commiss

CISECOM

Document Control Number: 1905155757