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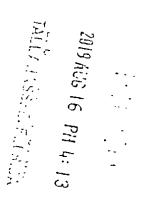
(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL.
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COVER LETTER

TO:	Registration Section Division of Corporations					
s SUBJ	MJM and D Resourc	es LLC				
SODa	EC1.	Name of Lim	ited Liability (Company		
The er Existe	nclosed "Application by Foreignce, and check are submitted t	gn Limited Liability Company o register the above reference	for Authoriza d foreign limit	ation to Transact Business i ted liability company to tra	n Florida," nsact busin	Certificate of ess in Florida.
Please	return all correspondence con	icerning this matter to the foll	owing:			
	Haynes E. Brins	on				
		Name	of Person			
	Brinson and Brin	nson Attorney's at Law, P.A	. .		를 : B	29.
	~-	Firm/	Company		7.	
	28 North John Y	oung Parkway			(T)	5
		A	ddress		rin.	P
	Kissimmee, Flor	ida 34741				
		City/State	and Zip Code		<u> </u>	ω
	haynesbrinson@g	gmail.com				
	1	E-mail address: (to be used for	r future annual	report notification)		
For fu	orther information concerning t	his matter, please call:				
	Haynes E. Brinson	2	407	847-8674		
	Name of C	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 Cl Tallahassee, FL 32301	ircle	
	Enclosed is a check for the Please make check payable	following amount: to: FLORIDA DEPARTMI	ENT OF STA	TE		
	□ \$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	S155.00	Filing Fee & 🔲 \$160	0.00 Filing 1 atus & Cert	Fee, Certificate tified Copy

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

IN COMPLANCE 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:

MJM and D Resource						
(Name of Foreign	Limited Liability Company; must include "Limit	ed Liability (Company," "L.L.C.," or "LLC	")		
(If name unavailable, enter alternate n	ame adopted for the purpose of transacting business in Fl	orida. The alter	mate name must include "Limited L	ability Company	v," "L.L.C," c	or "U.C.")
Island of Nevis			66-0928565 ———	mber, if applicab	2019	
(Jurisdiction under the law of w.	hich foreign limited liability company is organized)		(FEI nu	mber, if applicab	Si Pi	•
4				2537	16	
	(Date first transacted business in Florida, if prior to (See sections 605 0904 & 605 0905, F.S. to determ	nine penalty lia	bility)	džiç ≟a	PH	
1080 Cypress Parkw 5.		6.	080 Cypress Parkway	ddress)		-
(Street Address of I	Principal Office)	_	(Mailing A	ddress) 😇:	. ယ	
Unit 123		Ĺ	Jnit 123			
Kissimmee, Florida 3	4759	- K	Kissimmee, Florida 347	'59 		
7. Name and street address	ss of Florida registered agent: (P.O. Bo	x <u>NOT</u> ac	ceptable)			
Name:	Haynes Brinson					
Office Address:	28 North John Young Parkway					
	Kissimmee		34741 , Florida			
	(City)	-	(Zip c	ode)		

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.

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]:

Edwin Stone 1080 Cypress Parkway 23 nmee, Florida 34741	☐ Manager ☐ Member ☐ Authorized	Address:	
23			
	Authorized		
nmee, Florida 34741			
· · · · · · · · · · · · · · · · · · ·	Person		
Other	Other		Other
	Manager	Name:	2019 TALI
ss:	Member	Address:	19 :
	Authorized	 -	16 16 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	Person		171
Other	Other		Other F
	Manager	Name:	J.
ss:	Member	Address: _	
	Authorized		
	Person		
Other	Other		Other
	Ss:	Manager Member Authorized Person Other Manager Manager Manager Member Authorized Person Member Authorized Person Other Other	Manager Name:

College Stone
Signature of an authorized person

EOWIN STONE
Typed or printed name of signee

ISLAND OF NEVIS OFFICE OF THE REGISTRAR OF COMPANIES

CERTIFICATE OF GOOD STANDING

(Issued pursuant to the provisions of Section 26 of the Nevis Limited Liability Company Ordinance, 2017)

I HEREBY CERTIFY that

MJM and D Resources LLC

2019 AUG 16 PM

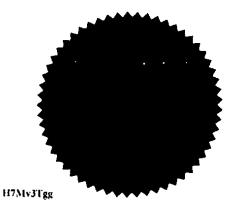
was duly formed as a Limited Liability Company under the provisions of the Nevis Limited Liability Company Ordinance on 20th November, 2018 and in so far as is evidenced by the records of this office the said company is in good standing as at the date below shown.

1 FURTHER CERTIFY that the company has paid all fees and is not in the process of being wound up and dissolved.

Given under my Hand & Scal at Charlestown This 30th day of July, 2019

Registrar of Companies

No. L 19391



The Certificate of Good Standing issued by the Registrar of Companies under this section is limited to the company's current state of compliance under this Ordinance and should not be taken as a warranty or representation by the Registrar of Companies concerning the company's compliance with other laws of Nevis which the Registrar does not administer.