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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

(Business Entity Name)

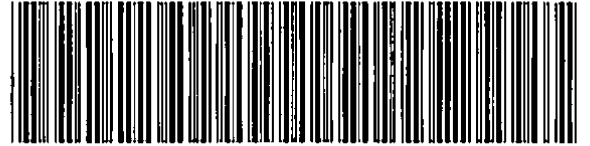
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

cert W19-72064

Office Use Only



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FILED
19 SEP 16 PM 4:12

O SIMMONS

SEP 16 2019

FAX



To: Simmons

Fax: 850-245-6030

Date: 09/13/2019

Re: Milky Ways Management, LLC
Certificate of Compliance

From: Samantha Carter
Legally Mine

Fax: 866-801-6454

Phone: (800) 375-2453

Cc:

Comments:

Pages:
2, including
cover

- ☐ Urgent
- ☐ For Review
- ☐ Please Comment
- ☐ Please Reply
- ☐ Please Recycle

2019 SEP 16 AM 9:26



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 7, 2019

DUNCAN ROSS
1951 NW 7TH AVE, STE 254 #160
MIAMI, FL 33136

SUBJECT: MILKY WAYS MANAGEMENT, LLC
Ref. Number: W19000072064

We have received your document for MILKY WAYS MANAGEMENT, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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) 245-6051.

Octavia L Simmons
Regulatory Specialist II Supervisor

Letter Number: 219A00016144

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Milky Ways 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:

Duncan Ross

Name of Person

Firm/Company

1951 NW 7th Ave Ste 254 #160

Address

Miami, FL 33136

City/State and Zip Code

info@duncanross.net

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

For further information concerning this matter, please call:

Tammy Bishop

800

375-2453

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:

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. Milky Ways Management, 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. Alaska
(Jurisdiction under the law of which foreign limited liability company is organized)

3. (Fed. number, if applicable)

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

5. 505 Old Steese Hwy Ste 122
(Street Address of Principal Office)

6. 1951 NW 7th Ave
(Mailing Address)

Fairbanks, AK 99701

Ste 254 #160
Miami, FL 33136

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

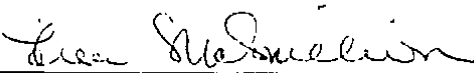
Name: Duncan Ross

Office Address: 1951 NW 7th Ave Ste 254 #160

Miami, Florida 33136
(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)

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

Title or Capacity: Name and Address:

☐ Manager Name: Duncan Ross

☒ Member Address: 1951 NW 7th Ave

☐ Authorized Ste 254 #160

Miami, FL 33136

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: Lisa McMillion

☒ Member Address: 555 South Shore Dr

☐ Authorized _____

Person Miami Beach, FL 33141

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

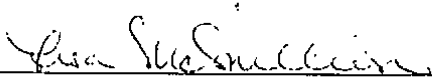
Person

☐ 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

Milky Ways Management, LLC - By: Duncan Ross

Typed or printed name of signer

Alaska Entity #10101506

State of Alaska
Department of Commerce, Community, and Economic Development
Corporations, Business, and Professional Licensing

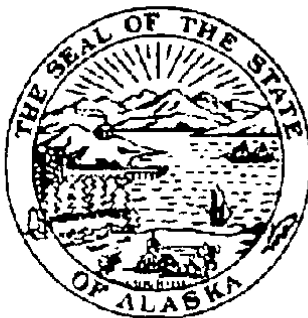
Certificate of Compliance

The undersigned, as Commissioner of Commerce, Community, and Economic Development of the State of Alaska, and custodian of corporation records for said state, hereby issues a Certificate of Compliance for:

Milky Ways Management, LLC

This entity was formed on March 7, 2019 and is in good standing. This entity has filed all biennial reports and fees due at this time.

No information is available in this office on the financial condition, business activity or practices of this corporation.



IN TESTIMONY WHEREOF, I execute the certificate and affix the Great Seal of the State of Alaska effective September 13, 2019.

A handwritten signature in cursive script, appearing to read "Julie Anderson".

Julie Anderson
Commissioner