

12/13/2019

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (954)208-0845

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**Foreign Limited Liability Company
MM Mobile of Florida LLC**

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

T GLASS

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Corporate Filing Menu

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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. MM MOBILE OF FLORIDA 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. DELAWARE

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

3.

(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 penalty liability)

74 E SWEDESFORD ROAD, STE 150

5. (Street Address of Principal Office)

MALVERN, PA 19355

74 E SWEDESFORD ROAD, STE 150

6. (Mailing Address)

MALVERN, PA 19355

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

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation

(City)

, Florida

33324

(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.

By:

C T Corporation System

(Registered agent's signature)

Kim Wasilewski
Assistant Secretary

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]:

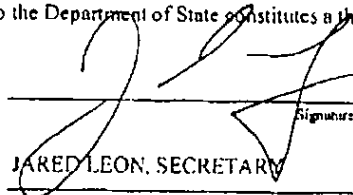
<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: MM MOBILE SERVICES, INC.	<input type="checkbox"/> Manager	Name: C. RAY CLIETT
<input checked="" type="checkbox"/> Member	Address: 74 E. SWEDESFORD ROAD	<input type="checkbox"/> Member	Address: 74 E SWEDESFORD ROAD
<input type="checkbox"/> Authorized	MALVERN, PA 19355	<input type="checkbox"/> Authorized	MALVERN, PA 19355
Person		Person	
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input checked="" type="checkbox"/> Other VP COMPLIANCE	<input type="checkbox"/> Other
<input type="checkbox"/> Manager	Name: RICHARD GRAUB	<input type="checkbox"/> Manager	Name: JARED LEON
<input type="checkbox"/> Member	Address: 74 E SWEDESFORD ROAD	<input type="checkbox"/> Member	Address: 74 E SWEDESFORD ROAD
<input type="checkbox"/> Authorized	MALVERN, PA 19355	<input type="checkbox"/> Authorized	MALVERN, PA 19355
Person		Person	
<input checked="" type="checkbox"/> Other PRESIDENT	<input type="checkbox"/> Other	<input checked="" type="checkbox"/> Other SECRETARY	<input type="checkbox"/> Other
<input type="checkbox"/> Manager	Name: SCOTT COHEN	<input type="checkbox"/> Manager	Name:
<input type="checkbox"/> Member	Address: 74 E SWEDESFORD ROAD	<input type="checkbox"/> Member	Address:
<input type="checkbox"/> Authorized	MALVERN, PA 19355	<input type="checkbox"/> Authorized	
Person		Person	
<input checked="" type="checkbox"/> Other TREASURER	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other

2019 DEC 13 PM 3:00

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
 JARED LEON, SECRETARY

 Typed or printed name of signer

Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MM MOBILE OF FLORIDA 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 THIRTEENTH DAY OF DECEMBER, A.D. 2019.

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

2019 DEC 13 PM 3:00




Jeffrey W. Bullock, Secretary of State

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SR# 20198630594

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 204213918

Date: 12-13-19