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PICK-UP	☐ WAIT	MAIL
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## FLORIDA DEPARTMENT OF STATE Division of Corporations

November 19, 2019

SARFRAZ HAJEE 420 JERICHO TURNPIKE, SUITE 102 JERICHO, NY 11753 US

SUBJECT: MSM42H LLC Ref. Number: W19000101435

We have received your document for MSM42H 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.

The registered agent must sign accepting the designation.

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) 245-6052.

Tacarri K Glass Regulatory Specialist II

Letter Number: 719A00023736

RECEIVED
DEC 2 0 2019

www.sunbiz.org

## COVER LETTER

ТО:	egistration Section vision of Corporations	
SUBJI	MSM42H LLC	
0000	Name of Limited Liability Company	
The en Exister	ed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Cert and check are submitted to register the above referenced foreign limited liability company to transact business in	ificate of n Florida,
Please	n all correspondence concerning this matter to the following:	
	Sarfraz Hajee	
	Name of Person	
	MSM42H LLC	
	Firm/Company	
	420 Jericho Turnpike, Suite 102	
	Address	
	Jericho, NY 11753	
	City/State and Zip Code	
	sarfraz@msmair.com	
	E-mail address: (to be used for future annual report notification)	<b>5</b>
For fur	information concerning this matter, please call:	) 
	arfraz Haice 516 503-3594	⊃ .
	Area Code Daytitle releptione realities	•
	vision of Corporations Division of Corporations	L: 4: 06
Enclos	a check for the following amount: \$125.00 Filing Fee \$\Bigcup \$130.00 Filing Fee & Bigcup Signature Certified Copy  Certificate of Status Certified Copy  General Copy  Certified Copy  General Copy  Certified Copy  Certified Copy  General Copy  Certified Copy  General Copy  Certified Copy	ate

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

IN COMPLIANCE WITH SECTION (05,0002, FLORIDA STATUTEN THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED HABILITY COMPANY/TOTRANS/ACT BUSINESS IN THE STATE OF FLORIDA.

name unavailable, enter alternate is	ame adopted for the purpose of transacting business in Fiorid	a. The alternate name must include "Lumis 11	white Parameter "THE C." - THE P.
DELAWARE	, ,		anny tempany, LLt, or I(t)
(Jurisdiction under the law of w	hich foreign landed liability company is organized)	3	er, if applicable)
	(Date first transacted business in Florida, if prior to reg (See sections 605 0904 & 605 0905, F.S. to determine	grettation f	<del></del>
420 Jericho Turnpike,		6 420 Jericho Turnpike, Suite	- 102
(Street Address of i		6. (Mailing Addr	
Jericho, NY 11753		Jericho, NY 11753	
Name and street address	is of Florida registered agent: (P.O. Box.)	<u>NOT</u> acceptable)	2
Name:	Registered Agents Inc.		0 i S
Öffice Address:	7901 4th St N STE 300		
Office Address:		·	^ `
	St.Petersburg	, Florida 33702	
signated in this applica comply with the provise	tion, I hereby accept the appointment as ions of all statutes relative to the proper a s of my position as registered agent.	registered agent and agree to act	liability company at the place in this capacity. I further agre duties, and I am familiar with
signated in this applica comply with the provise	tion, I hereby accept the appointment as ions of all statutes relative to the proper as of my position as registered agent.	registered agent and agree to act and complete performance of my	in this capacity. I further age
signated in this applica comply with the provisi d accept the obligation	tion, I hereby accept the appointment as ions of all statutes relative to the proper as of my position as registered agent.  (Regulered agent's section of the proper agent ag	registered agent and agree to act and complete performance of my	in this capacity. I further age
signated in this applica comply with the provisi d accept the obligation	tion, I hereby accept the appointment as ions of all statutes relative to the proper a s of my position as registered agent.	registered agent and agree to act and complete performance of my	in this capacity. I further age
signated in this applica comply with the provisi d accept the obligation The name, title or cap:	tion, I hereby accept the appointment as ions of all statutes relative to the proper as of my position as registered agent.  (Regulated agent's squarety and address of the person(s) who has	registered agent and agree to act and complete performance of my  gnature)  Phave authority to manage is/are:  Title or Capacity:	in this capacity. I further agriduties, and I am familiar with
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Liped or printed name of signee



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "MSM42H 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 ELEVENTH DAY OF DECEMBER, A.D. 2019.

20 F. 6:00



Authentication: 204193386

Date: 12-11-19