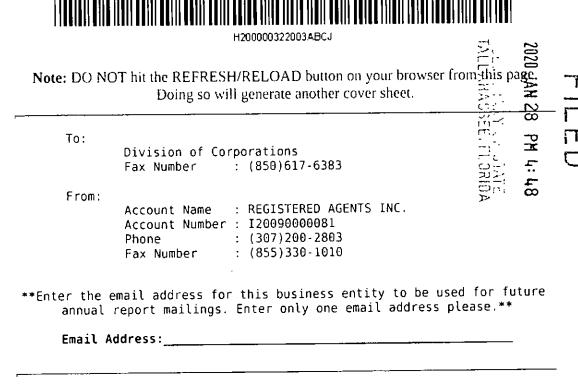
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Foreign Limited Liability Company M2 Properties 5 LLC

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

IN COMPLIANCE WITH SECT	TON 605.0902, FLORIDA STATUTES, THE FOLL SINESS IN THE STATE OF FLORIDA:	OWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY		
M2 Properties 5		777		
(Name of Foreign I	Jimited Liability Company; must include "Limited Eli	28 L		
(If name unavailable, enter alternate na	me adopted for the purpose of transacting business in Florida.	The alternate name must include "Limited Eastbility Company," "L.Jq." or "LLC.")		
, Delaware		、84-2223953。 デ <u>ー</u>		
(Jurisdiction under the law of wh	ch (oreign limited liability company is organized)	(FEI number; if applicable)		
4.	(Date first transacted business in Florida, if prior to regis (See sections 605,0904 & 605,0905, F.S. to determine p	tration) craits liability)		
7901 4th St N		6. 7901 4th St N		
(Street Address of Principal Office) STE 300		STE 300		
St. Petersburg FL 33702		St. Petersburg FL 33702		
7. Name and street addres	s of Florida registered agent: (P.O. Box N	<u>OT</u> acceptable)		
Name:	Registered Agents	Inc.		
Office Address:	7901 4th St N STE	300		
	St. Petersburg	, Florida 33702		
designated in this applica to comply with the provisi	gistered agent and to accept service of pro- tion. I hereby accept the appointment as r	ocess for the above stated limited liability company at the place egistered agent and agree to act in this capacity. I further agree ad complete performance of my duties, and I am familiar with		

Fitle or Capacity:	Name and Address:	Title or Capacity	<u>:</u>	Name and Address:
Manager	Name: Kent Murphy	Manager	Name:	32
X Member	Address: 7901 4th St N STE 300	Member	Address: _	20 JAN
Authorized	St. Petersburg, FL 33702	Authorized		A 28
Person		Person		m- m
Other	Other	[]Other		©Other £ 800 €
☐Manager	Name: Blake Mitchell	☐ Manager	Name:	
Member €	Address: 7901 4th St N STE 300	☐ Member	Address: _	
Authorized	St. Petersburg, FL 33702	Authorized		
Person		Person		
Other	Other	Other		Other
∐Manager	Name:	Manager	Name:	
Member	Address:	Member	Address: _	
Authorized		Authorized		
Person		Person		
Other	Other	Other	<u> </u>	Other
9. Attached is a cer jurisdiction under the translator mu	Use an attachment to report more than six (6). To may be added to the index when filing your Fl tificate of existence, no more than 90 days old, the law of which it is organized. (If the certification is the submitted) is executed in accordance with section 605.020 ment to the Department of State constitutes a the submitted.	duly authenticated by the is in a foreign language of (1) (b). Florida Statute fird degree felony as pro-	nte Annual Rep ne official hav ge, a translation es. I am aware vided for in s.	port form. ing custody of records in the in of the certificate under oath that any false information

Typed or printed name of signee

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "M2 PROPERTIES 5 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, SAS

OF THE TWENTY-SEVENTH DAY OF JANUARY, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "M2 PROPERTIESOS

LLC" WAS FORMED ON THE TWENTY-FIFTH DAY OF JUNE, A.D. 2019 THE

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN

ASSESSED TO DATE.

Authentication: 202263579

Date: 01-27-20

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