(Requestor's Name)				
(Address)				
(Address)				
(Ci	ty/State/Zip/Phone #)	-		
☐ PICK-UP	WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
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FLORIDA RESEARCH & FILING SERVICES, INC.

1211 CIRCLE DR

TALLAHASSEE, FL 32301

PH: 850-524-4381

PLEASE FILE THE ATTACHED QUALIFICATION FOR:

MINIS 02 LLC

PLEASE RETURN A CERTIFIED COPY & A CERTIFICATE OF GOOD STANDING

CHECK# 8622 FOR: \$160.00

THANK YOU!

## **COVER LETTER**

TO:

TO:	Registration Section Division of Corporations				
SUBJE	CT: Mange of	a Lac			
		Name of Limited Liability Company	-		
The enc Existen	losed "Application by Foreign Limite ce, and check are submitted to registe	ed Liability Company for Authorization to Transact Business in Florida er the above referenced foreign limited liability company to transact bus	ı," Certif iiness in	icate of Florida.	
Please r	eturn all correspondence concerning	this matter to the following:			
	George M	Name of Person			
	3	Name of Person	_ 20:		
		A LOA Firm/Company	2020 FEB 20 PH 4: 47		
	5	Firm/Company	20	-	
	2742 Bisco	Address Address	. PH	ξί: 	
		Address	-	~_	
	Moone, Fl	33137 E:	; <b>=</b> -		
	George. MA	Idress: (to be used for future annual report notification)			
C 61					
ror turu	her information concerning this matte	r, please call:			
	Clary Mata	Person Area Code Daytime Telephone Number	_		
	Name of Contact P	erson Area Code Daytime Leiepnone Number			
	Mailing Address:	Street Address:			
	Registration Section	Registration Section			
	Division of Corporations P.O. Box 6327	Division of Corporations			
	Tallahassee, FL 32314	The Centre of Tallahassee 2415 N. Monroe Street, Suite 810			
	Tananassee, TE 32314	Tallahassee, FL 32303			
	☐ \$125.00 Filing Fee ☐ \$130.0	g amount:  ORIDA DEPARTMENT OF STATE  OF Filing Fee & Significate of Status Certificate Of Status Certificate Of Status & Cert			

## 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. M9 10', 5 . 0 2 LLC  (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
(Name of Foreign Emilies Enablity Company, most include Emilies Enablity Company, E.E.C., of L.E.C.)
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," CLC.")
2. Delawage (Jurisdiction under the law of which foreign limited liability company is organized)  (FEI number, if applicable)
(Jurisdiction under the law of which foreign limited liability company is organized)  (FEI number, if applicable)
4. (Date first transacted business in Florida, if prior to registration.)
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty linbility)
5. 2742 Biscayne Blud. 6. 2742 Oiscayne Blud. (Street Address of Principal Office) (Mailing Address)
Mani, FL 33137 Mani, FL 33137
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
Name: George Matz
Office Address: 2742 Bischarle Bivd.
Office Address: 2742 Biscarde Bird
$\frac{M^2 \text{ (City)}}{\text{(City)}}$ , Florida $\frac{33137}{\text{(Zip code)}}$
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.

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]:

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
Manager	Name: George orth	□Manager	Name:
□Member	Address: 2742 Bis ray NE BIND	□Member	Address:
□Authorized	M90m: FL.33139	□Authorized	
Person		Person	
Other	Other	□Other	
□Manager	Name:	□Manager	2020 FEB
□Member	Address:		Address: M
□Authorized	Audioss.	□Authorized	PH 1:
Person		Person	<b>5</b>
□Other	Other	□ Other	Other
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		□Authorized	
Person	<del></del>	Person	
□Other	□Other	□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

Signature of an authorized person

Typed or printed name of signee

## Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "MINIS 02 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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MINIS 02 LLE WAS FORMED ON THE TWELFTH DAY OF APRIL, A.D. 2019.

THE TWENTIETH DAY OF FEBRUARY, A.D. 2020.

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



Authentication: 202426360

Date: 02-20-20

7371754 8300 SR# 20201312380