

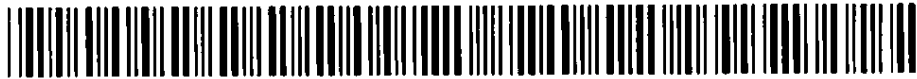
8/11/2020

Division of Corporations

Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

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

From:

Account Name : FOLEY & LARDNER
 Account Number : I19980000047
 Phone : (407)423-7656
 Fax Number : (407)648-1743

****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
 MV Realty of Pennsylvania LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

Help



August 12, 2020

FLORIDA DEPARTMENT OF STATE
Division of Corporations

FOLEY & LARDNER

SUBJECT: MV REALTY OF PENNSYLVANIA LLC
REF: W20000088591

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

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.

Tracy L Lemieux
Regulatory Specialist II

FAX Aud. #: H20000273760
Letter Number: 320A00015240

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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. MV Realty of Pennsylvania LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If none available, 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. Pennsylvania 3. 85-1707301
(Jurisdiction under the law of which foreign limited liability company is organized) (FID number, if applicable)

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

5. 401 East Atlantic Avenue 6. 401 East Atlantic Avenue
(Street Address of Principal Office) (Mailing Address)
Suite 201 Suite 201
Delray Beach, FL 33483 Delray Beach, FL 33483

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

Name: Amanda Zachman
Office Address: 401 East Atlantic Avenue, Suite 201
Delray Beach, Florida 33483
(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.

Amanda Zachman (Registered agent's signature)

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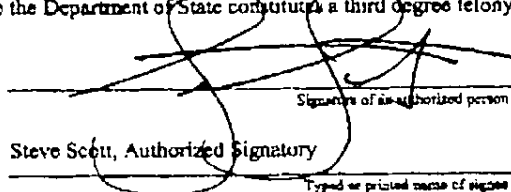
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage (up to six (6) total):

<u>Title or Capacity:</u>		<u>Name and Address:</u>	<u>Title or Capacity:</u>		<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name:	Antony Mitchell	<input checked="" type="checkbox"/> Manager	Name:	David Manchester
<input type="checkbox"/> Member	Address:	6615 W. Boynton Beach Blvd	<input type="checkbox"/> Member	Address:	401 E. Atlantic Avenue
<input type="checkbox"/> Authorized	Suite 394		<input type="checkbox"/> Authorized	Suite 201	
Person	Boynton Beach, FL 33437		Person	Delray Beach, FL 33483	
<input type="checkbox"/> Other		<input type="checkbox"/> Other	<input type="checkbox"/> Other		<input type="checkbox"/> Other
<input checked="" type="checkbox"/> Manager	Name:	Amanda Zachman	<input checked="" type="checkbox"/> Manager	Name:	Sunny Leri
<input type="checkbox"/> Member	Address:	402 E. Atlantic Avenue	<input type="checkbox"/> Member	Address:	401 E. Atlantic Avenue
<input type="checkbox"/> Authorized	Suite 201		<input type="checkbox"/> Authorized	Suite 201	
Person	Delray Beach, FL 33483		Person	Delray Beach, FL 33483	
<input type="checkbox"/> Other		<input type="checkbox"/> Other	<input type="checkbox"/> Other		<input type="checkbox"/> Other
<input type="checkbox"/> Manager	Name:		<input type="checkbox"/> Manager	Name:	
<input type="checkbox"/> Member	Address:		<input type="checkbox"/> Member	Address:	
<input type="checkbox"/> Authorized			<input type="checkbox"/> Authorized		
Person			Person		
<input type="checkbox"/> Other		<input type="checkbox"/> Other	<input type="checkbox"/> Other		<input type="checkbox"/> 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
 Steve Scott, Authorized Signatory

 Typed or printed name of signer

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COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE

08/12/2020

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

MV REALTY OF PENNSYLVANIA LLC

is duly registered as a Pennsylvania Limited Liability Company under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written

Kathy Boockvar

Secretary of the Commonwealth

Certification Number: TSC200812162049-1

Verify this certificate online at <http://www.corporations.pa.gov/orders/verify>