

8/13/2020

Division of Corporations

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To:

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

From:

Account Name : FOLEY & LARDNER
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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: steve@pinechase.com

**Foreign Limited Liability Company
MV Realty of New Jersey LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
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AUG 17 2020

**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 NEW JERSEY LLC

(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "LLC," or "LLP")

(If name unavailable, state alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "LLP")

2. New Jersey

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

3. 85-1645008

(FEI number, if applicable)

4. N/A

(Has the company 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

(Street Address of Principal Office)

6. 401 East Atlantic Avenue

(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 33483

(City)

Florida (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)

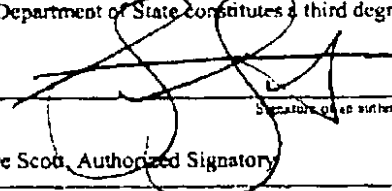
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage (up to six (6) total):

<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: <u>Antony Mitchell</u>	<input checked="" type="checkbox"/> Manager	Name: <u>David Manchester</u>
<input type="checkbox"/> Member	Address: <u>1165 W. Boynton Beach Blvd</u>	<input type="checkbox"/> Member	Address: <u>401 E. Atlantic Avenue</u>
<input type="checkbox"/> Authorized	<u>Suite 394</u>	<input type="checkbox"/> Authorized	<u>Suite 201</u>
Person	<u>Boynton Beach, FL 33437</u>	Person	<u>Delray Beach, FL 33483</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input checked="" type="checkbox"/> Manager	Name: <u>Amanda Zachman</u>	<input checked="" type="checkbox"/> Manager	Name: <u>Sunny Lenti</u>
<input type="checkbox"/> Member	Address: <u>401 E. Atlantic Avenue</u>	<input type="checkbox"/> Member	Address: <u>401 E. Atlantic Avenue</u>
<input type="checkbox"/> Authorized	<u>Suite 20</u>	<input type="checkbox"/> Authorized	<u>Suite 201</u>
Person	<u>Delray Beach, FL 33483</u>	Person	<u>Delray Beach, FL 33483</u>
<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 authorized person
 Steve Scott, Authorized Signatory

 Typed or printed name of signer

**STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
DIVISION OF REVENUE AND ENTERPRISE SERVICES
SHORT FORM STANDING**

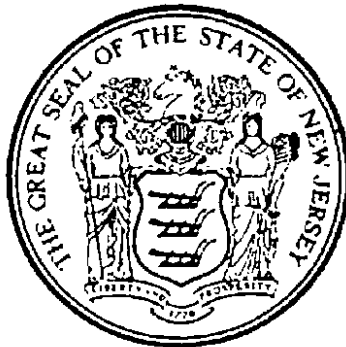
MV REALTY OF NEW JERSEY, LLC
0600468200

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Limited Liability Company was registered by this office on June 11, 2020.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and office are:

THE CORPORATION TRUST COMPANY
820 BEAR TAVERN ROAD
WEST TRENTON, NJ 08628



*IN TESTIMONY WHEREOF, I have
hereunto set my hand and affixed
my Official Seal at Trenton, this
13th day of August, 2020*

Elizabeth Maher Muoio
State Treasurer

Certificate Number: 6110112120

Verify this certificate online at

https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp