

8/14/2020

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

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**Foreign Limited Liability Company
Michaels Management Services LLC**

Certificate of Status	0
Certified Copy	1
Page Count	04
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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. Michaels Management Services LLC
(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "LLC," or "LLC")

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

2. New Jersey
(Jurisdiction under the law of which foreign limited liability company is organized)

3. _____
(FEC number, if applicable)

4. _____
(Date first transacted business in Florida, if prior to registration)
(See sections 603.0904 & 603.0905, F.S., to determine penalty liability)

5. 2 Cooper Street, 14th Floor
(Street Address of Principal Office)

6. 2 Cooper Street, 14th Floor
(Mailing Address)

c/o The Michaels Organization

c/o The Michaels Organization

Camden, NJ 08102

Camden, NJ 08102

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

Name: CT Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324
(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.

Nichol McCray
(Registered agent's signature)

Nichol McCray, Assistant Secretary

3. 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 type="checkbox"/> Manager	Name: John J. O'Donnell	<input type="checkbox"/> Manager	Name: Ronald J. Hansen
<input type="checkbox"/> Member	Address: 2 Cooper Street, 14th Floor	<input type="checkbox"/> Member	Address: 2 Cooper Street, 14th Floor
<input type="checkbox"/> Authorized	c/o The Michaels Organization	<input type="checkbox"/> Authorized	c/o The Michaels Organization
Person	Camden, NJ 08102	Person	Camden, NJ 08102
<input checked="" type="checkbox"/> Other CEO	<input type="checkbox"/> Other	<input checked="" type="checkbox"/> Other President	<input type="checkbox"/> Other

<input type="checkbox"/> Manager	Name: Joseph Purcell	<input type="checkbox"/> Manager	Name: Sharon D'Alessandro
<input type="checkbox"/> Member	Address: 2 Cooper Street, 14th Floor	<input type="checkbox"/> Member	Address: 2 Cooper Street, 14th Floor
<input type="checkbox"/> Authorized	c/o The Michaels Organization	<input type="checkbox"/> Authorized	c/o The Michaels Organization
Person	Camden, NJ 08102	Person	Camden, NJ 08102
<input checked="" type="checkbox"/> Other VP/Treasurer	<input type="checkbox"/> Other	<input checked="" type="checkbox"/> Other Secretary	<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) (c), 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 the authorized person

Ronald J. Hansen

Typed or printed name of signer

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

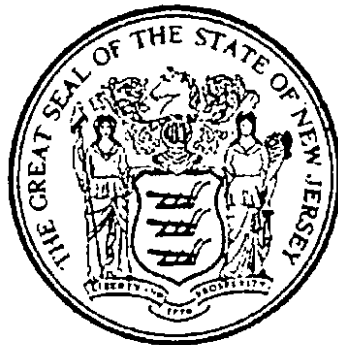
MICHAELS MANAGEMENT SERVICES LLC
0450372456

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 April 19, 2019.

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:

PAUL CHAN
3030 ATLANTIC AVENUE
ATLANTIC CITY, NJ 08401



*IN TESTIMONY WHEREOF, I have
hereunto set my hand and affixed
my Official Seal at Trenton, this
14th day of August, 2020*

Elizabeth Maher Muoio
State Treasurer

Certificate Number: 6110156648

Verify this certificate online at

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