

10/7/2020

Division of Corporations

**ma000008987**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (614)280-3338  
Fax Number : (954)208-0845

\*\*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**  
**Franklin Mint Online, LLC**

|                       |          |
|-----------------------|----------|
| Certificate of Status | 0        |
| Certified Copy        | 1        |
| Page Count            | 04       |
| Estimated Charge      | \$155.00 |

RECEIVED

2020 OCT -8 AM 8:45

SECRETARY OF STATE

STANDARD RECEIPT

2020 OCT -8 PM 7:45

FILED

# 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. Franklin Mint Online, LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "LLP")

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

2. Delaware 3. 85-1551762  
(Jurisdiction under the law of which foreign limited liability company is organized) (FID number, if applicable)

4. September 24, 2020  
(Date first transacted business in Florida, if prior to registration)  
(See sections 605.0904 & 605.0905, F.S., to determine penalty liability.)

5. 1680 Michigan Avenue, Suite 700  
(Street Address of Principal Office)  
Miami Beach, Florida 33139

6. 1680 Michigan Avenue, Suite 700  
(Mailing Address)  
Miami Beach, Florida 33139

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

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation 33324  
(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.

By: Meredith Hellwig, Assistant Secretary  
(Registered agent's signature)

*Meredith Hellwig*

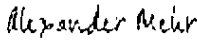
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage (up to six (6) total)

| <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>Alexander Mehr</u>            | <input checked="" type="checkbox"/> Manager | Name: <u>Taino Lopez</u>               |
| <input type="checkbox"/> Member             | Address: _____                         | <input type="checkbox"/> Member             | Address: _____                         |
| <input type="checkbox"/> Authorized         | <u>1680 Michigan Avenue, Suite 700</u> | <input type="checkbox"/> Authorized         | <u>1680 Michigan Avenue, Suite 700</u> |
| Person                                      | <u>Miami Beach, Florida 33139</u>      | Person                                      | <u>Miami Beach, Florida 33139</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 _____   |
| <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.

Doc. Signed by:  
  
 Signature of an authorized person

Alexander Mehr

Typed or printed name of signer

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF  
DELAWARE, DO HEREBY CERTIFY "FRANKLIN MINT ONLINE, 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 THE SEVENTH DAY OF OCTOBER, A.D. 2020.

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



3025929 8300

SR# 20207703628

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

A handwritten signature in black ink, appearing to read "JBullock", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 203814927

Date: 10-07-20