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(Re	questor's Name)	
(Ad	dress)	
- (Ad	dress)	
(Cit	y/State/Zip/Phone #	(†)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name	e)
(Do	cument Number)	
Certified Copies	_ Certificates o	of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

	Marketing and Management Solutions and St	rategies, LLC			
BJECT:	Name of Limited Liability Company				
e enclosed istence, and	"Application by Foreign Limited Liability Cod check are submitted to register the above re	ompany for Authorization to Transact Business in Florida, ferenced foreign limited liability company to transact busi	," Certi iness in		
ase return	all correspondence concerning this matter to t	the following:			
	Stacie Weisman				
		Name of Person	-		
	Marketing and Management Solutions ar	nd Strategies, LLC a Delaware limited liability company			
	Firm/Company				
	6604 Via Regina				
		Address	-		
	Boca Raton, FL 33433				
	City	//State and Zip Code	: : <u></u> ;		
	stacie@bloomersfrose.com		7777 TH		
	E-mail address: (to be u	sed for future annual report notification)	· :		
further in	formation concerning this matter, please call:				
Staci	ie Weisman	754 422-9463	-		
	Name of Contact Person	Area Code Daytime Telephone Number	8: 03		
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 695.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS. IN THE STATE OF FLORIDA:

iware	aime adopted for the purpose of transacting business in Flo		ry company, E.E.C. of El
•		85-3888858 3	
risdiction under the law of w	hich foreign limited liability company is organized)	(FEI number, if	applicable)
ovember 9, 2020			
	(Date first transacted business in Florida, if prior to r (See sections 605.0904 & 605.0905, F.S. to determin	egistration.) re penalty liability)	_
604 Via Regina		6604 Via Regina 6. (Mailing Address)	
Address of Principal Office)		(Mailing Address)	
oca Raton, FL 33433		Boca Raton, FL 33433	
			
			133
			<u>-</u>
ame and street addres	s of Florida registered agent: (P.O. Box	NOT acceptable)	=
		<u> </u>	
	Barbra Stern, Esquire		::
Name:			89 P3
	808 E. Las Olas Blvd. Suite 102		ű.
Office Address:			
	Fort Lauderdale	33301	
		, Florida (Zip code)	-

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	STACIE WEISMAN Name:	□Manager	BENJAMIN R TESSLER Name: IPLO VOCAD. TRUB
■Member	6604 VIA REGINA Address:	■Member	6604 VIA REGINA Address:
□Authorized	BOCA RATON FLORIDA 33433	□Authorized	BOCA RATON FL 33433
Person		Person	
□Other	Other	□Other	Other
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		□Authorized	
Person		Person	
□Other	Other	□Other	Other
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		□Authorized	
Person		Person	
□Other	Other	□Other	Other

<u>Important Notice</u>: 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

What was a signature of an authorized person

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "MARKETING AND MANAGEMENT SOLUTIONS AND

STRATEGIES, 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 SIXTEENTH DAY OF

NOVEMBER, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MARKETING AND MANAGEMENT SOLUTIONS AND STRATEGIES, LLC" WAS FORMED ON THE SEVENTH DAY OF MARCH, A.D. 2019.

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

Authentication: 204088082

Date: 11-16-20

7313281 8300 SR# 20208412148