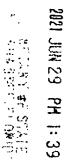
| (Requestor's Name)                      |
|---|
| (Address)                               |
| (Address)                               |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
| (Document Number)                       |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
|   |
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|   |

Office Use Only



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JUL 02 2021 M. SOLOMON

## COVER LETTER

| SUBJECT:  | Money   | mind Matters LLC me of Limited Liability Company   |
|---|---|--|
|   | / Na  | me of Limited Liability Company  |
| The enclosed "Applicat<br>Existence, and check ar                         | ion by Foreign Limited Liabilit<br>e submitted to register the abov | y Company for Authorization to Transact Business in Florida." Certificate of<br>re referenced foreign limited liability company to transact business in Florida. |
| Please return all corresp   | ondence concerning this matte                                       | r to the following:  |
|   | Paul  | Kuveke III<br>Name of Person   |
|   | Mone  | y Mind Matter LLC<br>Firm/Company  |
|   | 15311 J   | Devon Green Lane Address   |
|   | Nap   | les FL 34110 City/State and Zip Code   |
|   |   | ey mindmatters. com be used for future annual report notification)   |
| For further information   | concerning this matter, please                                      | call:  |
| P   | Name of Contact Person  | at ( 203 ) 470 - 2282  Area Code Daytime Telephone Number  |
| Mailing Addr<br>Registration<br>Division of<br>P.O. Box 63<br>Tallahassee | Section<br>Corporations<br>327                                      | Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303                   |
|   |   | EPARTMENT OF STATE   |

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

|   | TION 605.0902, FLORIDA STATUTES.<br>SINESS IN THE STATE OF FLORIDA:                    |   | IS SUBMITTED T                    | O REGISTER A F                         | OREIGN LIMI             | TED IJA          | I <i>BILITY</i>  |
|---|--|---|-----------------------------------|--|-------------------------|------------------|------------------|
| ••••                                    |  |   | LLC                               |  |                         |                  |                  |
| (Name of Foreign 1                      | Money Mind Vimited Liability Company: must include                                     | "Limited Liability Co                                   | ompany, "L.L.C.,"                 | or "ELC.")                             |                         |                  |                  |
|   |  |   |                                   |  |                         |                  |                  |
| (If name unavailable, enter alternate n | ame adopted for the purpose of transacting bus   | siness in Fforida. The after                            | rnate name must inclu             | de "Limited Liability C                | Company," "L.E.C.       | or "LLC          | "}               |
| 2. Dela                                 | ware   | 3   | 85-                               | 314448                                 | 7                       |                  |                  |
| (Jurisdiction under the law of wi       | nch foreign fimited liability company is organi  | ized)   |                                   | (ris number, it ap                     | рисане)                 |                  |                  |
| 4                                       | V/A  |   |                                   |  |                         |                  |                  |
| N                                       | (Date tirst transacted business in Florida,<br>(See sections 005 0904 & 605,0905, F.S. | if prior to registration.)<br>to determine penalty liab | ality)                            |  |                         |                  |                  |
| · 15311 de                              | von Green Lane   |   |                                   | Devon                                  | Green                   | Lan              | ,                |
| (Street Address of Principal Office)    | <u>, , , , , , , , , , , , , , , , , , , </u>  | U   | (Mailing Address)                 | Devon<br>s, Fl                         | <u> </u>                | <u></u> -        |                  |
| Noples.                                 | FL 34110   |   | Naple                             | s.FL                                   | 34/10                   |                  |                  |
| <u> </u>                                | 2.1.1  |   | 7 - 7                             | 7                                      | - , , , ,               | <del></del>      |                  |
|   |  |   |                                   | <del></del>                            |                         |                  |                  |
| 7 Name and atmost address               | s of Florida registered agent: (P.   | O Por NOT acc   | ontable)                          |  |                         | 2                |                  |
| 7. Name and succi addres                | s or i forma registered agent. (r.   | .0. 00. 1101 acc  | срииле                            |  | n a                     | <u></u>          | ~,,              |
|   |  |   |                                   |  | n - 5 1                 | <u></u>          | 3                |
| Name:                                   | Paul Kuveki  |   | <del></del>                       |  |                         | 29               | }<br>}           |
| Office Address:                         | 15:11 Deve   | or Green  | Las e                             |  | . <b>'\$</b> /'<br>- ∵' | - R              | ۽ 1 <u>1</u><br> |
|   |  |   |                                   | 7110                                   | 37                      | <del></del><br>သ | *****            |
|   | No ples (City)   |   | , Florida _                       | (Zip code)                             | 2 m                     | Œ                |                  |
| Registered agent's accep                | tance:   |   |                                   |  |                         |                  |                  |
| Having been named as re                 | gistered agent and to accept serv  | vice of process for                                     | the above state                   | ed limited liabili                     | ity company o           | it the p         | lace             |
| to comply with the provisi              | tion, I hereby accept the appoint<br>ons of all statutes relative to the               | proper and comp   | u ageni ana ag<br>olete performan | ree to uct in this<br>ce of my duties, | and I am fai            | miliar v         | ugree<br>vith    |
| and accept the obligations              | of my position as registered ago   | ومترسيس   |                                   |  |                         |                  |                  |
|   | 4  |   |                                   |  |                         |                  |                  |
|   | (Registere   | ed 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 fun to six (6) totall:

| Title or Capacity: | Name and Address:             | Title or Capacity:      | Name and Address:  |
|--------------------|-------------------------------|-------------------------|--|
| □Manager           | Name: Paul Kuveke             | □Manager                | Name: Christine Tracy  |
| Member             | Address: 15311 Devor Green Ln | Member                  | Address: 153/1 Deva Green L.   |
| □Authorized        | Naples FL 34110               | <i>t</i><br>□Authorized | Naples FL 34110  |
| Person             |                               | Person                  | ·  |
| □Other             | □Other                        | Other                   | Other  |
| □Manager           | Name:                         | □Manager                | Name:  |
| □Member            | Address:                      | □Member                 | Address:   |
| □Authorized        |                               | □Authorized             | 202  |
| Person             |                               | Person                  |  |
| □Other             | Other                         | □Other                  | 117  |
|                    |                               |                         |  |
| □Manager           | Name:                         | □Manager                | Name: 33 - 39  |
| □Member            | Address:                      | □Member                 | Address:   |
| □Authorized        |                               | □Authorized             | weekless thing the first of the |
| Person             |                               | Person                  |  |
| □Other             | Other                         | □Other                  | Other  |

- 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

Paul Ku VR Ke TIT.

Therefore printed name of signere.

Page 1

Delaware

The First State

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

DELAWARE, DO HEREBY CERTIFY "MONEY MIND MATTERS 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 TWENTY-THIRD DAY OF JUNE, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MONEY MIND MATTERS LLC" WAS FORMED ON THE ELEVENTH DAY OF SEPTEMBER, A.D. 2020.

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

Authentication: 203517156

Date: 06-23-21