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MMP HOLDINGS, LLC	APPLIT AS
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#### COVER LETTER

TO:	Registration Section Division of Corporations	
SHBJI	MMP Holdings, LLC	
.,020.		Name of Limited Liability Company
		bility Company for Authorization to Transact Business in Florida," Certificate of above referenced foreign limited liability company to transact business in Florida.
Please	return all correspondence concerning this m	atter to the following:
	Henry Nelson Massey, Esq.	
		Name of Person
	Day Pitney LLP	
		Firm/Company
	One Jefferson Road	
		Address
	Parsippany, New Jersey 07054	
		City/State and Zip Code
	hmassey@daypitney.com	
	E-mail address:	(to be used for future annual report notification)
For fur	ther information concerning this matter, plea	ise call:
	Claudia M. Valdivia	973 966-8377 at ( )
	Name of Contact Person	Area Code Daytime Telephone Number
	Mailing Address: Registration Section	Street Address: Registration Section
Division of Corporations P.O. Box 6327		Division of Corporations
		The Centre of Tallahassee
	Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
	Enclosed is a check for the following amore Please make check payable to: FLORIDA  S125.00 Filing Fee  \$130.00 Filing Certific	DEPARTMENT OF STATE

# 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. MMP Holdings, LL	C. Limited Liability Company; must include "Limite	d Liability (	'ompany," "L.L.C.," or "LLC.")	
MMP Holdings FL.		•	.,,.	
(II name unavailable, enter alternate	nome adopted for the purpose of transacting business in F	lorida, The ali	ernate name must include "Limited Lial	bility Company," "U. C." or "LLC
Connecticut 2.	thich toreign limited liability company is organized)	3	() EI numbe	
(Jurisdiction under the law of w	enich toreign limited Jabellty company is organized)		(FEI number	r, (Lapplicable)
May 27, 2021 4.				
	(Date first transacted business in Florida, if prior to (See sections 605,0904 & 805,0905, F.S. to determ	registration.) inc penalty ha	duluyi	<del></del>
171 Old Sachems Hea 5.			71 Old Sachems Head Road	
5. (Street Address of Principal Office)		_	(Mailing Address)	
Guilford, CT 06437		C	fuilford, CT 06437	
		_		
		-		<del>- } <u>2</u>2 -</del>
7. Name and street addres	ss of Florida registered agent: (P.O. Box	NOT ac	ceptable)	
Name:	Corporation Service Company		<u>.</u>	AM Property of the Control of the Co
Office Address:	1201 Hays Street			M 9: 34
	Tallahassee		32301 , Florida	4
	(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.

Lynn M.	CanneLongo	Lynn M. CanneLongo, AVP
0	(Registered age	nt'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]: Title or Capacity: Name and Address: Title or Capacity: Name and Address: Name: Michael Ciaburri □ Manager ☐ Manager Address: \_\_\_ 171 Old Sachems Head Road □Member ☐ Member Address: Guilford, CT 06437 ■Authorized ☐ Authorized Person Person □Other\_\_\_ Other\_\_\_ Other\_\_\_ □ Other □Manager □ 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\_\_\_\_ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed 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 Michael Ciabumi

Typed or printed name of signee

# Secretary of the State of Connecticut Certificate of Legal Existence

Standard Certificate

Date Issued: August 03, 2021

Certificate Number: C-00004512

I, the Connecticut Secretary of the State, and keeper of the seal thereof, do hereby certify, that the certificate of organization for the below domestic limited liability company was filed in this office.

A certificate of dissolution has not been filed, and so far, as indicated by the records of this office, such limited liability company is in existence.

#### **Business Details**

Business Name	MMP HOLDINGS, LLC	
Business ALEI	US-CT.BER:1078589	
Formation Date	07/24/2012	

Secretary of the State

Business ALEI: US-CT.BER:1078589

Note: To verify this certificate, visit <a href="http://www.business.ct.gov">http://www.business.ct.gov</a>