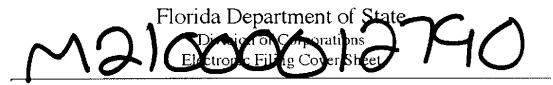
Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H210003514613)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALINC CORPORATE SERVICES INC.

Account Number : I20180000011 Phone : (844)386-0178 Fax Number : (214)317-4754

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Rmail Address:

ŝ Foreign Limited Liability Company Mission One, LLC Certificate of Status 0 Certified Copy Page Count 01 \$125.00 Estimated Charge

Electronic Filing Menu Corporate Filing Menu

Help

DocuSign Envelope ID: A5E18D43-C180-4778-848E-F3E7C7C2AA83

(((H21000351461 3)))

(((H21000351461 3)))

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 COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

Delaware (Jurisdiction under the law of which	fereign limited liability company is organized)	3	(FEI number, if ap	
(Jurisdiction under the law of which	foreign limited liability company is organized)	3	(FIS) number if an	
			(Spennie)
N/A				
	(Date first transacted business in Florida, if prior i (See sections 605.0904 & 605.0905, F.S. to deter-	o registration.) nine penalty hal	bility)	
1330 West Avenue		6	1330 West Avenue	
Apt 2707			Apt 2707	
Miami Beach, FL 33139		_	Mami Beach, FL 33139	
	Florida registered agent: (P.O. Bo	x <u>NOT</u> acc	eptable)	2621.562.29
	30 West Avenue, Apt 2707			р.н. 10
	iami Beach,		 33139 . Florida	1: 20
	(City)		(Zip code)	

(((H21000351461 3)))

DocuSign Envelope ID: A5E18D43-C180-4778-848E-F3E7C7C2AA83

(((H21000351461 3)))

(((H21000351461 3)))

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: ☐ Manager	Name and Address: Name: Kiel Berry	Title or Capacity:	Name and Address: Name: Marie Berry
■ Member	Address: 1330 West Avenue, Apt 2707	≅ Member	Address: 1330 West Avenue, Apt 2707
□Authorized	Miami Beach, FL 33139	□Authorized	Miami Beach, FL 33139
Person	<u> </u>	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	

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.

Eill Berry		
C4F7C449C11A407.	Signature of an authorized person	_
Kiel Berry		
-		

(((H21000351461 3)))

Delaware The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "MISSION ONE, 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 TWENTIETH DAY OF SEPTEMBER, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MISSION ONE, LLC" WAS FORMED ON THE EIGHTH DAY OF MARCH, A.D. 2018.

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

Authentication: 204194802

Date: 09-20-21

6789169 8300 SR# 20213283663 To: 18506176381 From: 14693173436 Date: 09/28/21 Time: 10:13 PM Page: 06/06

DocuSign Envelope ID: DCEA279C-749A-4F98-978D-0853313C97A1

WRITTEN CONSENT TO ADOPT ALTERNATE NAME FOR USE IN THE STATE OF FLORIDA

50 n

ws of
satisfy the
nereby adopts the
ited Liability
7/2021
Date