Division of Corporations

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Account Number : 120029000154 Phone : (954)525-9900 Fax Number : (954)523-2872

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Foreign Limited Liability Company MEP Group I, LLC

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

IN COMPLIANCE WITH SECTION 605.0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

MEP GROUP I, LLC					
(Name of Foreign L	imited Liability Company; must include "Limited	Liability Compi	any," "L.L.C.," or "LLC.")		
					C 'D
name unavadable, enter alternate na	me adopted for the purpose of transacting business in Flor	rids. The alternate	name must include "Limited Liability	Company," "L.L.C," or "LE	C. J
Delaware		3.	87-1062039		
(Juradiction under the law of wh	ich foreign limited liability company is organized)		(FE' aumiber, if	ubbijcapje)	
Upon filing.					
	(Date first transacted business in Florida, if prior to re (See sections 505,0004 & 605,0005, F.5. to determin	gistration)		_	
	·		' 1 South Dixic Highway 56	6705	
11301 South Dixie Hig	hway 566/05	6	Mailing Address)		
proet Address of Principal Office)		·	•		
Miami, FL 33256		Mian	ni, FL 33256		
Name and street address of Florida registered agent: (P.O. Box \(\) Armando Bardisa Name:		NOT accept	able)	021 OCT -8 P SECKLIAKS O TALLAHASS	
Office Address:	11301 South Dixie Highway 566705		_	PH 1:1	C
	Miami		, Florida	· 를 2	
	(City)		(zip code)		
designated in this applica to comply with the provisi	tance: gistered agent and to accept service of p tion, I hereby accept the appointment as ons of all statutes relative to the proper to of my position as registered agent. GRegistered agent's	and completed by:	ipent and acree to act with	HIS CAPACHE T LACKS	·, -b,

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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 Canacity:	Name and Address:	Title or Capacity	į	Name and Address:
■ Manager	Name: MEP Group, LLC	□Manager	Name:	
☐ Member ☐ Authorized Person ☐ Other	Address:	☐ Member ☐ Authorized Person ☐ Other		□ Other
□ Мяпаger	Name:	□Manager	Name:	
□Member	Address:	□Member	Address:	
□Authorized		□Authorized		
Person		Person		
□Other	Other	□Other		☐ Other
⊡Manager	Name:	□Manager	Name:	
□Member	Address:	□Member	Address:	<u> </u>
□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. 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 \$.817.155, F.S.

	OBac =	
	Signature of an authorized person	
	Armando Bardisa	
	Typed or printed name of signee	

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Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MEP GROUP I, 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 SIXTH DAY OF OCTOBER, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MEP GROUP I, LLC" WAS FORMED ON THE THIRTEENTH DAY OF MAY, A.D. 2021.

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

Authentication: 204338928

Date: 10-06-21