

MR1000013369

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

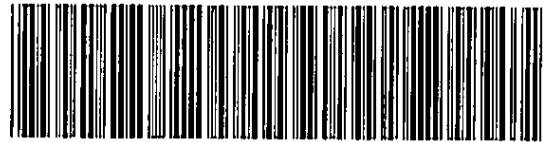
(Document Number)

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M. SOLOMON

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Mas Management Services, LLC.  
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Brad Fischer  
Name of Person

Mas Management Services, LLC.  
Firm/Company

3401 E McDowell Road, Suite 4  
Address

Phoenix, AZ 85008  
City/State and Zip Code

brad.fischer@cox.net  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Brad Fischer at ( 702 ) 574-3332  
Name of Contact Person Area Code Daytime Telephone Number

**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

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$125.00 Filing Fee    ☐ \$130.00 Filing Fee & Certificate of Status    ☐ \$155.00 Filing Fee & Certified Copy    ☒ \$160.00 Filing Fee, Certificate of Status & Certified Copy

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. Mas Management Services, Ltd.  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Arizona  
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 46-3052718  
(FEI number, if applicable)

4. 8/24/21  
(Date first transacted business in Florida, if prior to registration)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 3461 E McDowell Road  
(Street Address of Principal Office)

6. same  
(Mailing Address)

Suite 4

Phoenix, AZ 85008

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Bruce Fischer

Office Address: 16525 NW 57th Avenue

Miami Gardens, Florida 33014  
(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.

Bruce Fischer  
(Registered agent's signature)

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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 Capacity:**

**Name and Address:**

☐ Manager

Name: Dr. Harry Walters

☒ Member

Address: 671 E Encinas Ave

☐ Authorized

Gilbert, AZ 85234

Person

☐ Other

☐ Other

**Title or Capacity:**

**Name and Address:**

☐ Manager

Name: \_\_\_\_\_

☐ Member

Address: \_\_\_\_\_

☐ Authorized

Person

☐ Other

☐ Other

☐ Manager

Name: Manuel Armenta

☒ Member

Address: 8821 S 21st Place

☐ Authorized

Phoenix, AZ 85042

Person

☐ Other

☐ Other

☐ Manager

Name: \_\_\_\_\_

☐ Member

Address: \_\_\_\_\_

☐ Authorized

Person

☐ Other

☐ Other

☐ Manager

Name: Brad Fischer

☐ Member

Address: 2062 E Cameron Way

☒ Authorized

#125

Person

Tempe, AZ 85281

☐ Other

☐ Other

☐ Manager

Name: \_\_\_\_\_

☐ Member

Address: \_\_\_\_\_

☐ Authorized

Person

☐ 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.

Brad Fischer  
Signature of an authorized person  
Brad Fischer  
Typed or printed name of signee

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# STATE OF ARIZONA



Office of the  
**CORPORATION COMMISSION**

**CERTIFICATE OF GOOD STANDING**

I, the undersigned Executive Director of the Arizona Corporation Commission, do hereby certify that:

**MAS MANAGEMENT SERVICES, L.L.C.**

ACC file number: L18551081

was incorporated under the laws of the State of Arizona on 06/18/2013, and that, according to the records of the Arizona Corporation Commission, said limited liability company is in good standing in the State of Arizona as of the date this Certificate is issued.

This Certificate relates only to the legal existence of the above named entity as of the date this Certificate is issued, and is not an endorsement, recommendation, or approval of the entity's condition, business activities, affairs, or practices.

IN WITNESS WHEREOF, I have hereunto set my hand, affixed the official seal of the Arizona Corporation Commission, and issued this Certificate on this date: 09/28/2021



A handwritten signature in black ink, reading "Matthew Neubert", written over a horizontal line.

Matthew Neubert, Executive Director



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 16, 2021

BRAD FISCHER  
MAS MANAGEMENT SERVICES, LLC  
3401 E. MCDOWELL ROAD, SUITE 4  
PHOENIX, AZ 85008

SUBJECT: MAS MANAGEMENT SERVICES, LLC  
Ref. Number: W21000125426

We have received your document for MAS MANAGEMENT SERVICES, LLC and check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Mel Solomon  
Senior Section Administrator

Letter Number: 821A00022429

*Rec'd  
10-11-21*