# M2100015374

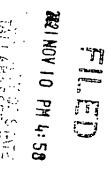
(Requestor's Name)				
(Address)				
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(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	MAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				

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**S. FRANKLIN** NOV 1 7 2021

## COVER LETTER

Registration Section

TO:

M SUBJECT: _	AM Auction Services, LLC			
30131.CT	Nam	e of Limited Liability Company	_	
The enclosed " Existence, and	Application by Foreign Limited Liability check are submitted to register the above	Company for Authorization to Transact Business in Florida referenced foreign limited liability company to transact bus	." Certif iness in	ficate of Florida.
Please return a	Il correspondence concerning this matter t	o the following:		
	Codi Gines			
		Name of Person	-	
	MM Auction Services, LLC			
		Firm/Company	-	
	15 Joslen DR			
	-	Address	-	
	Powell, WY 82435	:	23	
	C	City/State and Zip Code	- 25 -	
	codi@mmauctionservices.com	ר היים ביים ביים ביים ביים ביים ביים ביים	O I AON 1882	200
	E-mail address: (to be	e used for future annual report notification)		4
For further info	ormation concerning this matter, please ca	II: Sign	PM 4:	
Codi	Gines	307 272-5039 TEL	: 58	·
	Name of Contact Person	Area Code Daytime Telephone Number	_	
Mailing Address:		Street Address:		
· · · · · · · · · · · · · · · · · · ·		Registration Section		
	Division of Corporations P.O. Box 6327  Division of Corporations The Centre of Tallahassee			
		2415 N. Monroe Street, Suite 810		
rana	unassee, 11, 32514	Tallahassee, FL 32303		
Please	sed is a check for the following amount: e make check payable to: FLORIDA DEF 25.00 Filing Fee		., Certifi	icate

## 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:

name unavailable, enter alternate na	ame adopted for the purpose of transacting business in Flori	da. The alternate name must include "Limited Liabili	ity Company," "L.E.C," or "LLC	
on various var		47-2900273 3.	00273	
(Jurisdiction under the law of wh	nich foreign limited liability company is organized)	(FE) number, i	f applicable)	
none				
	(Date lirst transacted business in Florida, if prior to re (See sections 605 0904 & 605 0905, F.S. to determine	penalty liability)	_	
MM Auction Services,	LL.C	MM Auction Services, LLC		
eet Address of Principal Office)		6. (Mailing Address)	22	
15 Joslen DR		15 Joslen DR	75 T	
Powell, WY 82435		Powell, WY 82435		
Name and street address Name:	s of Florida registered agent: (P.O. Box.)  Steve Munns	N <u>OT</u> acceptable)	H 4: 50	
Office Address:	1180 SE 42nd DR			
	Sumterville	33585 Florida		
	(Cny)	(Zip code)		

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:
■Manager	Name: Colhy Gines	■Manager	Name: Codi Gines
□Member	Address:	□Member	Address: 15 Joslen DR
□Authorized	Powell, WY 82435	□Authorized	Powell, WY 82435
Person		Person	
□Other	Other	Other	Other
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		□Authorized	
Person		Person	
□Other	Other	□Other	Other
			Name:
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		□Authorized	
Person		Person	
□Other	□Other	□Other	Other

<u>Important Notice:</u> 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.

Signature of an authorized person

Codi Gines

Typed or printed name of signee

## STATE OF WYOMING Office of the Secretary of State

I, EDWARD A. BUCHANAN, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

#### **MM Auction Services, LLC**

is a

## **Limited Liability Company**

formed or qualified under the laws of Wyoming did on **February 14, 2014**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2014-000659117**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 3rd day of November, 2021 at 3:15 PM. This certificate is assigned ID Number 047835834.



Secretary of State 5

Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website https://wyobiz.wyo.gov and following the instructions displayed under Validate Certificate.