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K. Brumbley

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE: 328095 7420095

AUTHORIZATION :

COST LIMIT : \$/160.00

ORDER DATE: December 13, 2021

ORDER TIME : 10:31 AM

ORDER NO. : 328095-005

CUSTOMER NO: 7420095

FOREIGN FILINGS

NAME: MOUNTAIN LAKE INVESTMENT

MANAGEMENT LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX ___ CERTIFIED COPY

PLAIN STAMPED COPY

XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker -- EXT#

COVER LETTER

TO:	Registration Section Division of Corporations					
SUBJE	MOUNTAIN LAKE INVESTMEN	NT MANAGEMENT LLC				
		Name of Limited Liability Company				
The encl Existence	losed "Application by Foreign Limited Lee, and check are submitted to register th	Liability Company for Authorization to Transact Business in Florida," Certificate of the above referenced foreign limited liability company to transact business in Florida.				
	eturn all correspondence concerning this					
	EUGENE CHEUK					
		Name of Person				
	MOUNTAIN LAKE INVEST	MENT MANAGEMENT LLC				
	Firm/Company					
	100 SHORELINE HIGHWAY, SUITE B-390					
Address						
	MILL VALLEY, CA 94941					
		City/State and Zip Code				
	EUGENE@MOUNTAINLAKE	INVEST.COM				
	E-mail addres	ss: (to be used for future annual report notification)				
or furth	er information concerning this matter, pl	ease call:				
	EUGENE CHEUK	415 322-6203				
	Name of Contact Person	n Area Code Daytime Telephone Number				
]]]	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Fallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				
F	Enclosed is a check for the following ame Please make check payable to: FLORID. ☐ \$125.00 Filing Fee ☐ \$130.00 Fil Certi	ount: A 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:

(Name of Foreig	go Limited Liability Company; must include "Limited	Liability Company," "L.L.C.," or "LLC.")		
mante unavariable, enter alternat	to mame adopted for the purpose of transacting business in Fi	da. The alternate mane most include "Limited Light"	in Canada and I ca	
DELAWARE		13-4173656		
(Jurisdiction under the law of which foreign limited liability company is organized)		(FEI number, if applicable)		
9/8/2021				
	(Date first transacted business in Florida, if prior to r (See sections 605 0904 & 605 0905, F.S. to determin	ustration.) pensity liability)	-	
230 SOUTH MAYA	PALM DRIVE	100 SHORELINE HIGHWAY	Y	
eet Address of Principal Office)		(Mailing Address)		
BOCA RATON, FL	33432	SUITE B-390		
		MILL VALLEY, CA 94941		
Name and <u>street addre</u>	ss of Florida registered agent: (P.O. Box	OT acceptable)	2021 D SECRE ALLA	
Name:	PATRICIA CORONADO		EC	
Office Address:	230 SOUTH MAYA PALM DRIVE		AND ILED	
	BOCA RATON	33432 Florida	9: 3	
	(City)	(Zip code)	_ · 7	
istered agent's accep	vistered avent and to account comics of a	cess for the above stated limited liabl gistered agent and agree to act in th		

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: PATRICIA CORONADO MITCH CANTOR ☐ Manager □ Manager ■ Member Address: Member Address: 230 SOUTH MAYA PALM DRIVE 230 SOUTH MAYA PALM DRIVE □ Authorized ☐ Authorized BOCA RATON, FL 33432 BOCA RATON, FL 33432 Person Person Other Other □Other Other___ Name: EUGENE CHEUK □ Manager Name: _____ ☐ Manager **■**Member □Member Address: ____ 36 MEADOWBROOK DR ☐ Authorized ☐ Authorized SAN FRANCISCO, CA 94132 Person Person Other____ □Other____ ☐Other Other___ □ Manager Name: _____ ☐ Manager □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. **EUGENE CHEUK**

Typed or printed name of signee

Page 1



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

DELAWARE, DO HEREBY CERTIFY "MOUNTAIN LAKE INVESTMENT MANAGEMENT

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 FOURTEENTH DAY OF DECEMBER, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MOUNTAIN LAKE INVESTMENT MANAGEMENT LLC" WAS FORMED ON THE TWENTY-THIRD DAY OF MAY, A.D. 2001.

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



Authentication: 204968347

Date: 12-14-21