

Division of Corporations

M22000000475

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614) 280-3338
Fax Number : (954) 208-0845

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

Email Address: _____

Foreign Limited Liability Company LEMONADE MM CORAL SPRINGS LLC

Certificate of Status	0
Certified Copy	1
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Estimated Charge	\$155.00

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S. ROBERTS

JAN - 7 2022

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. LEMONADE MM CORAL SPRINGS LLC

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

(If none available, 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. Delaware

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

3. 87-4059056

(F.L.T. number, if applicable)

4.

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

5. 1000 Maine Avenue, SW, Suite 300

(Street Address of Principal Office)

Washington, DC 20024

6. 1000 Maine Avenue, SW, Suite 300

(Mailing Address)

Washington, DC 20024

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

Name: C T CORPORATION SYSTEM

Office Address: 1200 South Pine Island Road

Plantation

(City)

, Florida

33324

(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.

C T Corporation System

by Kaity Toon Asst. Sect.

(Registered agent's signature)

FILED
2022 JAN 7 PM 2:49
SEATTLE, WA
TALLAHASSEE, FL

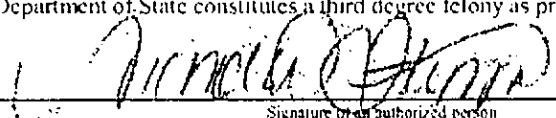
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: <u>LEMONADE MM FUND LLC</u>	<input checked="" type="checkbox"/> Manager	Name: <u>Amer Hammour, Exec. Chairman</u>
<input checked="" type="checkbox"/> Member	Address: <u>Madison Marquette</u>	<input type="checkbox"/> Member	Address: <u>Madison Marquette</u>
<input type="checkbox"/> Authorized	<u>1000 Maine Ave, SW, Ste 300</u>	<input type="checkbox"/> Authorized	<u>1000 Maine Ave, SW, Ste 300</u>
Person	<u>Washington, DC 20024</u>	Person	<u>Washington, DC 20024</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input checked="" type="checkbox"/> Manager	Name: <u>Vincent Costantini, CEO</u>	<input checked="" type="checkbox"/> Manager	Name: <u>David Brainerd, Vice President</u>
<input type="checkbox"/> Member	Address: <u>Madison Marquette</u>	<input type="checkbox"/> Member	Address: <u>Madison Marquette</u>
<input type="checkbox"/> Authorized	<u>1000 Maine Ave, SW, Ste 300</u>	<input type="checkbox"/> Authorized	<u>1000 Maine Ave, SW, Ste 300</u>
Person	<u>Washington, DC 20024</u>	Person	<u>Washington, DC 20024</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input checked="" type="checkbox"/> Manager	Name: <u>William Sudow, VP & Secretary</u>	<input type="checkbox"/> Manager	Name: <u>Nichole D. Flippen, Esq.</u>
<input type="checkbox"/> Member	Address: <u>Madison Marquette</u>	<input type="checkbox"/> Member	Address: <u>Madison Marquette</u>
<input type="checkbox"/> Authorized	<u>1000 Maine Ave, SW, Ste 300</u>	<input checked="" type="checkbox"/> Authorized	<u>1000 Maine Ave, SW, Ste 300</u>
Person	<u>Washington, DC 20024</u>	Person	<u>Washington, DC 20024</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> 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.



 Signature of an authorized person

Nichole D. Flippen, Esq., Authorized Person

 Typed or printed name of signer

Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "LEMONADE MM CORAL SPRINGS 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 JANUARY, A.D. 2022.

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



6480998 8300

SR# 20220051458

You may verify this certificate online at corp.delaware.gov/authver.shtmlA handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 202334744

Date: 01-06-22