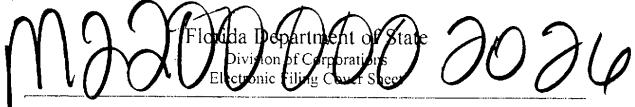
Division of Corporations



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Division of Corporations

Fax Number : (850)617-6383

Fiom:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)573-3996 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.\*\*

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## Foreign Limited Liability Company MEBE FLORIDA, LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

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Help

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

MeBe Florida, LLC					
(Name of Foreign	Limited Liability Company; must include "Limited Li	ability Company," "L.IC.," or "LI.C.")	<del></del>		
rame urovnilable, enter alternate i	name adopted for the purpose of transacting business in Horid	a The alternate name must include "Limited Liability Corapany."	"L.t. C," or "LTC ">		
Delaware		3 87-4834886			
Division under the law of which five ign limited liability company is organized:		(FEI number, if applicable)			
	(Date first transacted business in Florida, if prior to rem (See sections 605,0904, d. 605,0905, F.S. to determine p	stration ) enaity liability)			
8885 Rio San Diego Drive, Suite 340		8885 Rio San Diego Drive, Suite 340			
reet Address of Principal Office)		6. (Mailing Address)			
San Diego, CA 92108		San Diego, CA 92108			
			<del></del>		
Name and street address	es of Florida registered agent: (P.O. Rox. N	OT acceptable)			
Name and street address	ss of Florida registered agent: (P.O. Box N	<u>OT</u> acceptable)			
Name and street address		<u>() T</u> acceptable)			
Name and street address Name:	of Florida registered agent: (P.O. Box No. 1980)  C T Cutporation System	( <u>) T</u> acceptable)	2027		
Name:		( <u>)T</u> acceptable)	2022 FE		
	C T Corporation System	OT acceptable)	2022 FEB -		
Name:	C T Corporation System	ALLAII AIA 33324	2022 FEB -8		
Name:	C T Corporation System  1200 South Pine Island Road	TĂLL AIL	夏 &		
Name: Office Address:	C T Corporation System  1200 South Pine Island Road  Plantation  (City)	33324 S	₹ I 🗗		
Name: Office Address: egistered agent's acceptoring been named as re	C T Curporation System  1200 South Pine Island Road  Plantation  (Giy)  stance: selstered agent and to accept service of pro	33324  , Florida (Zipcode)  cess for the above stated limited liability comp	-8 PM H: STANDER		
Name:  Office Address:  egistered agent's accept faving been named as re	C T Corporation System  1200 South Pine Island Road  Plantation  (City)  Stance:  Selstered agent and to accept service of procession, I hereby accept the appointment as r	33324  , Florida (Zipcode)  cess for the above stated limited liability comperistered agent and agree to act in this capacity	PARTY OF STORY HAPPING		
Name:  Office Address:  egistered agent's acceptained as reesignated in this applicate comply with the provis.	C T Corporation System  1200 South Pine Island Road  Plantation  (City)  Stance:  Selstered agent and to accept service of procession, I hereby accept the appointment as r	33324  , Florida (Zipcode)  cess for the above stated limited liability comp	PARTY OF STORY HAPPING		
Name:  Office Address:  Legistered agent's acceptaving been named as reesignated in this applical accept the obligation	C T Corporation System  1200 South Pine Island Road  Plantation  (City)  Stance: Segistered agent and to accept service of procution, I hereby accept the appointment as retains of all statutes relative to the proper accept of the proper accept the proper accept the proper accept the proper accept the appointment as relative to the proper accept the appointment accept the appointment as relative to the proper accept the appointment accept the ac	33324  , Florida (Zipcode)  cess for the above stated limited liability comperistered agent and agree to act in this capacity	PARTY OF STORY HAPPING		

From: Kaity Toon

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	<u>;:</u>	Name and Address:
■Manager	Name: Patrick T. Bunt	⊞Manager	Nаme:	
□Member	Address:	□Member	Address:	
□ Authorized	Suite 340	□Authorized		
Person	San Diego, CA 92108	Person		
Other	LiOther	□Other	<del></del>	Other
∏Manager	Name:	⊡Manager	Name:	
□Member	Address:	□Member	Address:	
□Authorized		□Authorized		<del>\$ 5</del> <b>22</b>
Person		Persor.		FG F
□Other	Other	□Other	<del></del>	Othero
□Manager	Name:	□Manager	Name:	FLOST FE
□Member	Address:	□Meniber	Address:	P
□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 s.847.155, F.S.

Patrick Burst (Feb 4, 2022 12:00 PS1)	Signature of an authorized person	
Patrick T. Bunt		
	Typed or printed name of signee	·



Page 1

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

DELAWARE, DO HEREBY CERTIFY "MEBE FLORIDA, 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 SEVENTH DAY OF FEBRUARY, A.D. 2022.

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

Authentication: 202591579

Date: 02-07-22