

M22000005711

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

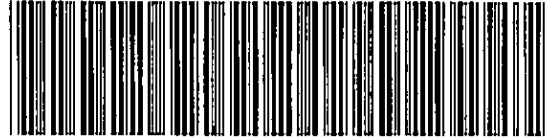
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APR 14 2022

K. Brumbley

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MM Investment Partner 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:

Harry J. Ross, Esquire
Name of Person
Law Office of Harry J. Ross
Firm/Company
6100 Glades Road - Suite 211
Address
Boca Raton, Florida 33434
City/State and Zip Code
hross@hjrlaw.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Harry J. Ross at (561) 482-2400
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

Admitted in
Florida, District of Columbia and
U.S. District Court, Colorado

Florida Supreme Court
Certified Circuit Civil Mediator

LAW OFFICES OF
HARRY J. ROSS
5100 GLADES ROAD
SUITE 211
BOCA RATON, FL 33434

(561) 482-2400
Fax: (561) 462-2602
E-mail: hross@hjrlaw.com
www.hjrlaw.com

December 9, 2021

VIA FEDERAL EXPRESS
US AIR BILL NO. 7754-4935-0013

Kyle D. Brumbley
Regulatory Specialist II Supervisor
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, Florida 32303

RE: MM Investment Partner LLC
Reference No. W21000151460

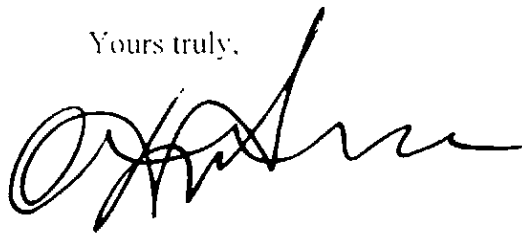
Dear Mr. Brumbley:

I am in receipt of your letter dated November 23, 2021 with regards to the above-referenced matter. A copy is enclosed for your review.

Enclosed is the Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida, which includes the alternate name of MM Investors LLC. In addition, the State of Delaware detail report is enclosed

If you should have any questions, please contact me at (561) 482-2400.

Yours truly,



HARRY J. ROSS

HJS/om

Enclosures

cc: Client

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

MM Investors 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. Delaware (Jurisdiction under the law of which foreign limited liability company is organized) 3. 46-4423962 (FEI number, if applicable)

4. October 27, 2021
(Date first transacted business in Florida, if prior to registration) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. <u>6100 Glades Road</u> <small>(Street Address of Principal Office)</small>	6. <u>6100 Glades Road</u> <small>(Mailing Address)</small>
<u>Suite 211</u>	<u>Suite 211</u>
<u>Boca Raton, FL 33434</u>	<u>Boca Raton, FL 33434</u>

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

Name: Harry J. Ross

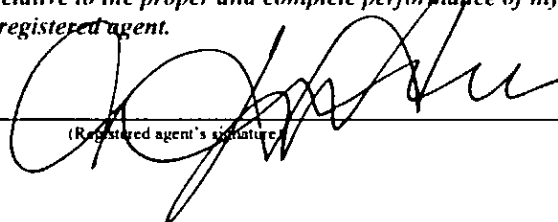
Office Address: 6100 Glades Road - Suite 211

Boca Raton, FL 33434
(City) Florida (Zip code)

2022 MAR -3 AM 11:58
 APPROVED
 AND
 FILED
 OFFICE OF THE
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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.



(Registered agent's signature)

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 checked="" type="checkbox"/> Manager	Name: James Pielet	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: 6100 Glades Road	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized Person	Suite 211 Boca Raton, FL 33434	<input type="checkbox"/> Authorized Person	_____ _____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized Person	_____ _____	<input type="checkbox"/> Authorized Person	_____ _____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized Person	_____ _____	<input type="checkbox"/> Authorized Person	_____ _____
<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

James Pielet

 Typed or printed name of signee

Delaware

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MM INVESTMENT PARTNER 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 THIRD DAY OF MARCH, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MM INVESTMENT PARTNER LLC" WAS FORMED ON THE THIRTIETH DAY OF DECEMBER, A.D. 2013.

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



5457330 8300
SR# 20220876428

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 202821493

Date: 03-03-22