

M220000006026

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

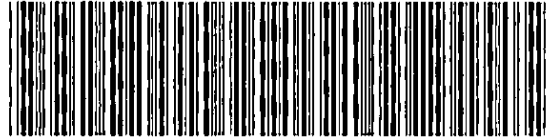
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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W82-50704

Office Use Only



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2022 APR 18 PM 1:31

FILED

2022 APR 14 PM 3:56

S. ROBERTS

APR 18 2022



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 15, 2022

FLORIDA CAPITAL COURIER SERVICES, INC

SUBJECT: PERRY-MZ MANAGER LLC
Ref. Number: W22000050704

We have received your document for PERRY-MZ MANAGER LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Consina Griffin-Greaux
Regulatory Specialist II

Letter Number: 422A00008889



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
2022 APR 18 AM 11:30
CLERK OF THE STATE
TALLAHASSEE, FLORIDA

April 15, 2022

FLORIDA CAPITAL COURIER SERVICES, INC

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FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-6243

Please use funds from this account: 120210000160 AMOUNT: 125.00

Authorization Signature: 

PERRY-MZ MANAGER LLC

BUSINESS NAME

Document #

Walk in

___ Pick up time ___

___ Mail out

 Will wait

____ Photocopy

 Certified Copy of Articles of Incorporation

Certificate of Status

NEW FILINGS

Profit

Not for Profit

 X Limited Liability

Domestication

Other

CORP

OTHER FILINGS

Annual Report

____ Fictitious Name

 APOSTILLE() Country:

AMENDMENTS

 Amendment

____Resignation of R.A. Officer/Director

 Change of Registered Agent

 Dissolution/Withdrawal

 Merger

Conversion

REGISTRATION/QUALIFICATIONS

 Foreign filing

 Limited Partnership

Reinstatement

Other

EXAMINER'S INITIALS: _____

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: PERRY-MZ MANAGER 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:

ALLISON ASTACIO

Name of Person

PERRY-MZ MANAGER LLC

Firm/Company

1991-1993 INDUSTRIAL DRIVE

Address

DELAND, FL 32724

City/State and Zip Code

aastacio@bccgroup.us

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

NEIL SAYDAH

407

956 - 1080

at (_____) _____

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

**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. PERRY-MZ MANAGER LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "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 3. 88-1697903
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI 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. 1991-1993 INDUSTRIAL DRIVE 6. 1991-1993 INDUSTRIAL DRIVE
(Street Address of Principal Office) (Mailing Address)

DELAND, FL 32724 DELAND, FL 32724

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

Name: SAYDAH LAW FIRM

Office Address: 7250 RED BUG LAKE RD, STE 1012

OVIEDO 32765
(City) Florida (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.

DocuSigned by:

Neil A. Saydah

7CC672DD00DF48C...
(Registered agent's signature)

FILED
2022 APR 18 PM 1:31
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]:

Title or Capacity: **Name and Address:**

☐ Manager Name: MZF TRUST

☒ Member Address: 1991-1993 INDUSTRIAL DR

☐ Authorized DELAND, FL 32724

Person _____

☐ Other _____ ☐ Other _____

Title or Capacity: **Name and Address:**

☒ Manager Name: MICHELE ZAHN

☐ Member Address: 1991-1993 INDUSTRIAL DR

☐ Authorized DELAND, FL 32724

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

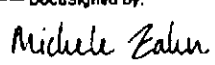
Person _____

☐ 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.817.155, F.S.

DocuSigned by:

 E97A788E36B344A

Signature of an authorized person

MICHELE ZAHN

Typed or printed name of signee

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "PERRY-MZ MANAGER, 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 APRIL, A.D. 2022.



6720340 8300

SR# 20221332987

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

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

Authentication: 203112095

Date: 04-06-22