

M220000006918

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

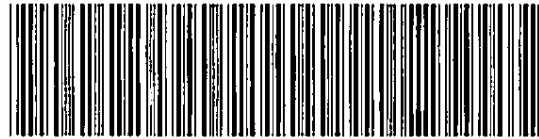
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2022 MAY -4 AM 11:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

2022 MAY -4 PM 1:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAY 05 2022

< Brumbley

Incorporating Services, Ltd.

1540 Glenway Drive
Tallahassee, FL 32301
850.656.7956
Fax: 850.656.7953
www.incserv.com
e-mail: accounting@incserv.com



ORDER FORM

TO Florida Department of State
The Centre of Tallahassee
2415 North Monroe Street, Suite 810
Tallahassee, FL 32303
corphelp@dos.myflorida.com
850-245-6051

FROM Melissa Moreau
mmoreau@incserv.com
850.656.7953

REQUEST DATE 5/3/2022

PRIORITY Regular Approval

OUR REF. # (Order ID#) 1033569

ORDER ENTITY
MERCHANTS ADVANCE 2010 LLC

PLEASE PERFORM THE FOLLOWING SERVICES:

MERCHANTS ADVANCE 2010 LLC (FL)

File the attached foreign qualification document

NOTES:

\$125.00 Authorized
Email address for annual report reminders: dgoldin@capify.com

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

A handwritten signature in black ink, appearing to be "WJ" or similar, written in a cursive style.

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

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. MERCHANTS ADVANCE 2010 LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "L.L.C.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "L.L.C.")

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

3. 20-1360183
(FEI number, if applicable)

4. _____
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0903, F.S. to determine penalty liability)

5. 170 NE 2nd St.
(Street Address of Principal Office)

6. 170 NE 2nd St.
(Mailing Address)

Suite 74

Suite 74

BOLIVAR TOWN PL
33429

BOLIVAR TOWN PL
33429

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

Name: SunDoc Filings Incorporated

Office Address: 3458 Lakeshore Drive

Tallahassee, Florida 32312
(City) (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.

/s/ Stan Huser
(Registered agent's signature)

APPROVED
AND
FILED
2022 MAY -4 PM 1:17
TALLAHASSEE, FLORIDA
STATE
SECRETARY

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>
☐ Manager	Name:	<u>DAVID GOLDIN</u>	☐ Manager	Name:	_____
☒ Member	Address:	<u>170 NE 21st St</u>	☐ Member	Address:	_____
☐ Authorized Person		<u>Suite 74</u>	☐ Authorized Person		_____
☐ Other		<u>Boca Raton, FL 33429</u>	☐ Other		_____

☐ Manager	Name:	_____	☐ Manager	Name:	_____
☐ Member	Address:	_____	☐ Member	Address:	_____
☐ Authorized Person		_____	☐ Authorized Person		_____
☐ Other		_____	☐ Other		_____

☐ Manager	Name:	_____	☐ Manager	Name:	_____
☐ Member	Address:	_____	☐ Member	Address:	_____
☐ Authorized Person		_____	☐ 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.

Signature of an authorized person
DAVID GOLDIN - member

Typed or printed name of signer

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "MERCHANTS ADVANCE 2010 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 TWENTY-FIFTH DAY OF APRIL, A.D. 2022.



4755252 8300

SR# 20221524359

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

A 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 in a small font.

Authentication: 203257442

Date: 04-25-22