

M22000009779

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP    WAIT    MAIL

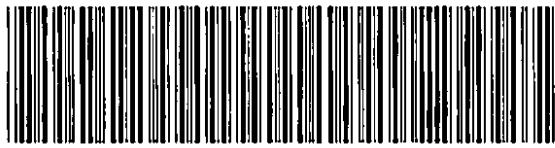
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2022 JUN 22 PM 1:25

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RECEIVED  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FILED  
RECEIVED

S. ROBERTS  
JUN 22 2022

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 765075 8196192

AUTHORIZATION : 

COST LIMIT : \$ 125.00

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ORDER DATE : June 22, 2022

ORDER TIME : 11:19 AM

ORDER NO. : 765075-005

CUSTOMER NO: 8196192

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FOREIGN FILINGS

NAME: MERCURY RESOURCES, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland -- EXT#

EXAMINER: \_\_\_\_\_

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Mercury Resources, 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:

Anton Posner

Name of Person

Mercury Resources LLC

**Firm/Company**

23222 Banbury Way

### Address

Venice, FL 34293

City/State and Zip Code

antonposner@mercuryresources.com

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

For further information concerning this matter, please call:

Anton Posner 516 909-7465  
Name of Contact Person at ( ) 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**

**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. Mercury Resources, LLC**

1. \_\_\_\_\_  
(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**

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

37-1843661

3. \_\_\_\_\_  
(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. **23222 Banbury Way**

5. \_\_\_\_\_  
(Street Address of Principal Office)

6. **23222 Banbury Way**

6. \_\_\_\_\_  
(Mailing Address)

8. **Venice, FL**

8. \_\_\_\_\_

9. **Venice, FL**

9. \_\_\_\_\_

10. **34293**

10. \_\_\_\_\_

11. **34293**

11. \_\_\_\_\_

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

Name: **Corporation Service Company**

\_\_\_\_\_

Office Address: **1201 Hays Street**

\_\_\_\_\_

**Tallahassee** **32301**  
(City) **Florida** **32301**  
(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.*

By: Alexxis Weitnd, assistant vice president  
(Registered agent's signature)

2022 JUN 22 PM 1:25

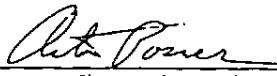
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<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: Anton Posner	<input type="checkbox"/> Manager	Name: Margo Brock
<input checked="" type="checkbox"/> Member	Address: 23222 Banbury Way	<input checked="" type="checkbox"/> Member	Address: 28 North Maryland Ave
<input type="checkbox"/> Authorized	Venice, FL	<input type="checkbox"/> Authorized	Port Washington, NY
Person	34293	Person	11050
<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	_____	<input type="checkbox"/> Authorized	_____
Person	_____	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	_____	<input type="checkbox"/> Authorized	_____
Person	_____	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

Anton Posner

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 "MERCURY RESOURCES, 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-SECOND DAY OF JUNE, A.D. 2022.*

*AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MERCURY  
RESOURCES, LLC" WAS FORMED ON THE FIFTH DAY OF DECEMBER, A.D. 2016.*

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

6239216 8300

SR# 20222790201

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)



A handwritten signature in black ink that reads "JWB". Below the signature, the text "Jeffrey W. Bullock, Secretary of State" is printed in a smaller, sans-serif font.

Authentication: 203735770

Date: 06-22-22