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Thank you!

COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT:	MHV Management LLC					
SOBOLCT.		ne of Limited Liability Company				
		Company for Authorization to Transact Business in Florida," Certificate of referenced foreign limited liability company to transact business in Florida.				
Please return	all correspondence concerning this matter	to the following:				
	Michael Hanna					
Name of Person						
	Rich May					
		Firm/Company				
176 Federal Street						
	Address					
		City/State and Zip Code				
	mhanna@richmaylaw.com					
	E-mail address: (to b	be used for future annual report notification)				
For further i	nformation concerning this matter, please c	all:				
Mi	chael Hanna	617 556-3837 at ()				
	Name of Contact Person	Area Code Daytime Telephone Number				
Re Dir P.C Ta	gistration Section vision of Corporations D. Box 6327 Hahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				
Ple	closed is a check for the following amount: ase make check payable to: FLORIDA DE \$125.00 Filing Fee	ee & 🔲 \$155.00 Filing Fee & 🔲 \$160.00 Filing Fee, Certificate				

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:

(If name unavailable, enter alternate	name adopted for the purpose of transacting business in I'	londa The	alternate name must include "I imited Liabil	ity Company," "	1.1 C," or	"L1 C ")
Delaware 2.		3.				
(Jurisdiction under the law of w	hich foreign limited liability company is organized)	ν.	(FEI number,)	l'applicable)		
4				_		
	(Date first transacted business in Florida, if prior to (See sections 605 0904 & 605,0905, F.S. to determ	registration ine penalty	r.) Hability)			
3630 Avocado Ave 5.		3630 Avocado Ave				
3. (Street Address of Principal Office)		v.	(Mailing Address)			
Miami Fl 33133			Miami Fl 33133			
					207	_
7. Name and street address	ss of Florida registered agent: (P.O. Box	NOT:	acceptable)	<u>1</u>	22 JUN 24	
Name:	CT Corporation System				P	
Office Address:	1200 SOUTH PINE ISLAND ROAD		·····	:	12: 29	;
	PLANTATION		33324 , Florida			
	(Chy)		(Zip code)			
designated in this applicate to comply with the provis-	otance: egistered agent and to accept service of partion, I hereby accept the appointment a ions of all statutes relative to the proper is of my position as registered agent.	s registi	ered agent and agree to act in i	his capacit	y. I fuo	rther agree

Rose Song, Assistant 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]: Title or Capacity: Name and Address: Title or Capacity: Name and Address: Name: Patrick Hassani Name: Lane Murphy ■ Manager ■ Manager 3630 Avocado Ave Address: 3630 Avocado Ave □Member □ Member Miami Fl 33133 Miami Fl 33133 □ Authorized □ Authorized Person Person □Other □Other □Other____ □Other Name: _____David Steinberg Manager 🖷 □ Manager Address: 3630 Avocado Ave □Member Address: ☐ Member Miami Fl 33133 □ Authorized □ Authorized Person Person □Other____ □Other □Other____ □()ther _____ Name: Name: □Manager □Manager Address: □Member Address: □Member ☐ Authorized □ 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. Nonindexed 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. /s/David Steinberg Signature of an authorized person David Steinberg

Typed or printed name of signee



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

DELAWARE, DO HEREBY CERTIFY "MHV MANAGEMENT, 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-FIRST DAY OF JUNE, A.D. 2022.

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



Authentication: 203726767

Date: 06-21-22