

MO20000117 Y2

(Requestor's Name)

(Address)

(Address)

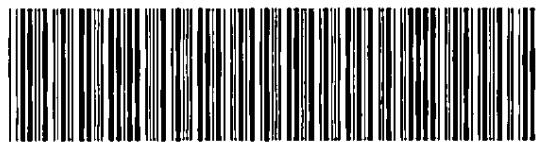
(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____



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2022 JUL 27 AM 11:07 2022 JUL 27 AM 11:38
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FOR THE DISTRICT OF MASSACHUSETTS
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FOR THE DISTRICT OF MASSACHUSETTS

Special Instructions to Filing Officer.

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T. LEMIEUX

JUL 28 2022

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

ACCOUNT NO. : I20000000195

REFERENCE : 834321 4359881

AUTHORIZATION : 

COST LIMIT : \$125.00

ORDER DATE : July 26, 2022

ORDER TIME : 4:12 PM

ORDER NO. : 834321-010

CUSTOMER NO: 4359881

FOREIGN FILINGS

NAME: MWT EXCHANGE, 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: Elyliena Baker -- EXT#

**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:

, MWT Exchange, LLC

(Name of Foreign Limited Liability Company must include "Limited Liability Company" or "LLC" or "LCC")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name may include initials, A.M., Inc., Corp., Ltd., or other words.)

Delaware

88-3377998

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

3. _____ (FEI number, if applicable)

4. _____ (Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904.8; 605.0905, F.S., for definition of "date first transacted business".)

122 Talavera Place
5. _____
(Street Address of Principal Office)

6. 122 Talavera Place

Palm Beach Gardens, Florida 33418

Palm Beach Gardens, Florida 33418

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**
_____, **Florida** _____
(City) (Zip code)

STATE OF FLORIDA

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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.

Eylene Babel
Assistant Vice President
(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: <u>Mark Chudacoff</u> | <input type="checkbox"/> Manager | Name: _____ |
| <input type="checkbox"/> Member | Address: <u>122 Talavera Place</u> | <input type="checkbox"/> Member | Address: _____ |
| <input type="checkbox"/> Authorized | <u>Palm Beach Gardens, Florida 33418</u> | <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 _____ |
| <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

Mark Chudacoff

Typed or printed name of signee

Delaware

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MWT EXCHANGE, 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-SIXTH DAY OF JULY, A.D. 2022.

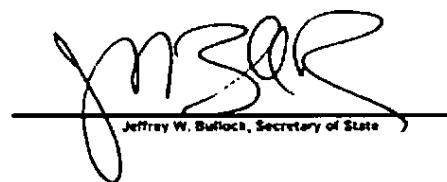
AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MWT EXCHANGE, LLC" WAS FORMED ON THE TWENTIETH DAY OF JULY, A.D. 2022.

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

6924470 8300

SR# 20223089941

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



Jeffrey W. Bullock, Secretary of State

Authentication: 204010642

Date: 07-26-22