

Division of Corporations

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Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

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(((H22000295974 3)))



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To:

Division of Corporations
 Fax Number : (850)617-6383

From:

Account Name : BARRON & REDDING, P.A.
 Account Number : 073617000710
 Phone : (850)785-7454
 Fax Number : (850)785-2999

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

Foreign Limited Liability Company
MLT HOLDINGS OF FLORIDA LLC

Certificate of Status	0
Certified Copy	0
Page Count	02 3
Estimated Charge	\$763.75

S. FRANKLIN
 SEP 1 - 2022

Fax Audit No. H22000295974 3

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. MLT HOLDINGS LLC

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

MLT HOLDINGS OF FLORIDA 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. TENNESSEE

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

85-1806769

3.

(FBI number, if applicable)

4. AUGUST 2021

(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 817 S. CHANCERY STREET

(Street Address of Principal Office)

McMINNVILLE, TN 37110

817 S. CHANCERY STREET

6.

(Mailing Address)

McMINNVILLE, TN 37110

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

Name: BARRON & REDDING, P.A.

Office Address: 220 McKENZIE AVE

PANAMA CITY

(City)

, Florida 32401

(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.

(Registered agent's signature)

2022-08-31 PM 11:12

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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: MICHAEL T. TRIVETT

☒ Member Address: 817 S. CHANCERY ST

☐ Authorized McMinnville, TN 37110

Person _____

☐ Other _____ ☐ Other _____

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

☐ Manager Name: LINDA TRIVETT

☒ Member Address: 817 S. CHANCERY ST

☐ Authorized McMinnville, TN 37110

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 _____

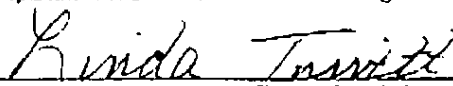
Person _____

☐ 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)

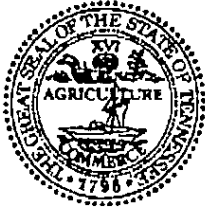
10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.



 Signature of an authorized person

LINDA TRIVETT, AUTHORIZED MEMBER

 Typed or printed name of signer



Tre Hargett
Secretary of State

Division of Business Services
Department of State

State of Tennessee
312 Rosa L. Parks AVE, 6th FL
Nashville, TN 37243-1102

DOLORES DONOPRIA

P.O. BOX 2467

PANAMA CITY, FL 32402

August 26, 2022

Request Type: Certificate of Existence/Authorization

Request #: 0491892

Issuance Date: 08/26/2022

Copies Requested: 1

Document Receipt

Receipt #: 007467565

Filing Fee: \$20.00

Payment-Credit Card - State Payment Center - CC #: 3835086370

\$20.00

Regarding: **MLT HOLDINGS LLC**

Filing Type: Limited Liability Company - Domestic

Control #: 1109787

Formation/Qualification Date: 07/08/2020

Date Formed: 07/08/2020

Status: Active

Formation Locale: TENNESSEE

Duration Term: Perpetual

Inactive Date:

Business County: WARREN COUNTY

CERTIFICATE OF EXISTENCE

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

MLT HOLDINGS LLC

* is a Limited Liability Company duly formed under the law of this State with a date of incorporation and duration as given above;

* has paid all fees, interest, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business;

* has filed the most recent annual report required with this office;

* has appointed a registered agent and registered office in this State;

* has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

Tre Hargett

Tre Hargett
Secretary of State

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