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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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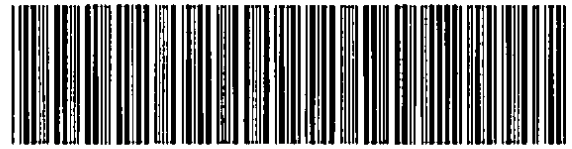
(Business Entity Name)

(Document Number)

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2022 SEP -8 AM 10:54  
SECRETARY OF STATE  
TOLAHASSEE COUNTY

SEP 10 2022

M. SOLOMON

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: MEAE Holdings, 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:

Brian Hughes

Name of Person

Firm/Company

35 West Main Street, Suite B-127

Address

Ventura, CA 93001

City/State and Zip Code

brian@mmthrift.com

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

For further information concerning this matter, please call:

Brian Hughes

949

940-6128

at ( )

Name of Contact Person

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**

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &  
Certificate of Status

☐ \$155.00 Filing Fee &  
Certified Copy

☒ \$160.00 Filing Fee, Certificate  
of Status & Certified Copy

DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

2022 SEP -8 AM 10:54

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. MEAE Holdings, LLC  
(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. California  
(Jurisdiction under the law of which foreign limited liability company is organized)
3. 88-3132326  
(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. 35 West Main Street, Suite B-127  
(Street Address of Principal Office)
6. 35 West Main Street, Suite B-127  
(Mailing Address)
- Ventura, CA 93001
- Ventura, CA 93001

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

Name: Scott R. Boatright, Esq.

Office Address: 6101 Gazebo Place North, Suite 101

Jacksonville, Florida 32258  
(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.

  
(Registered agent's signature)

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CLERK OF STATE  
JACKSONVILLE  
FLORIDA

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:	Matthew O. Ellison, Trustee of the Matthew O. Ellison Trust dated February 3, 1984		<input type="checkbox"/> Manager	Name:	Joe Boomer Butler, Trustee of the Adam Ellison Irrevocable Trust dated March 23, 2004	
<input checked="" type="checkbox"/> Member	Address:	35 West Main Street		<input checked="" type="checkbox"/> Member	Address:	35 West Main Street	
<input type="checkbox"/> Authorized		Suite B-127		<input type="checkbox"/> Authorized		Suite B-127	
Person		Ventura, CA 93001		Person		Ventura, CA 93001	
<input type="checkbox"/> Other			<input type="checkbox"/> Other	<input type="checkbox"/> Other			<input type="checkbox"/> Other
<input type="checkbox"/> Manager	Name:	Brian Hughes		<input type="checkbox"/> Manager	Name:		
<input type="checkbox"/> Member	Address:	35 West Main Street		<input type="checkbox"/> Member	Address:		
<input checked="" type="checkbox"/> Authorized		Suite B-127		<input type="checkbox"/> Authorized			
Person		Ventura, CA 93001		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

Brian Hughes

\_\_\_\_\_  
Typed or printed name of signer



# Secretary of State

## Certificate of Status

I, SHIRLEY N. WEBER, PH.D., California Secretary of State, hereby certify:

<b>Entity Name:</b>	MEAE Holdings, LLC
<b>Entity No.:</b>	202251312565
<b>Registration Date:</b>	06/24/2022
<b>Entity Type:</b>	Limited Liability Company - CA
<b>Formed In:</b>	CALIFORNIA
<b>Status:</b>	Active

The above referenced entity is active on the Secretary of State's records and is authorized to exercise all its powers, rights and privileges in California.

This certificate relates to the status of the entity on the Secretary of State's records as of the date of this certificate and does not reflect documents that are pending review or other events that may impact status.

No information is available from this office regarding the financial condition, status of licenses, if any, business activities or practices of the entity.



**IN WITNESS WHEREOF**, I execute this certificate and affix the Great Seal of the State of California this day of July 21, 2022.

**SHIRLEY N. WEBER, PH.D.**  
Secretary of State

**Certificate No.:** 031293733

To verify the issuance of this Certificate, use the Certificate No. above with the Secretary of State Certification Verification Search available at [bizfileOnline.sos.ca.gov](http://bizfileOnline.sos.ca.gov).