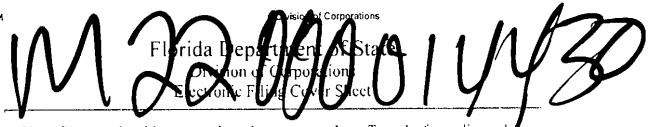
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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (954)208-0845 Fax Number : (614)573-3996

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

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Foreign Limited Liability Company Mission Partners USA, LLC

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S. FRANKLIN

SFP 1 6 2022

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Help

To:

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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 66,0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREGO. LIMITED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

rame unavailable, enter alternate n	ame adopted for the purpose of transacting business in Flo	renda Healtennat	e name must matude "Camited Liability Com	pany," "T. I. C." or "UII	
Delaware		47-2146862 3.			
(Jurisdiction under the faw of which foreign limited lithility company is organized,		(Fi I number, if applicable)			
	(Date first transacted business in Florida, if prior to (See sections 605-6904-& 605-0905, F.S. to determine	registration) ne penalty liability	.1		
5060 N 40th St.		5060 N 40th St. 6. (Maling Address)		2022	
treet Address of Principal Office)		<u> </u>	(Mailing Address)	1	
Suite 120		Suite	: 120	<u></u>	
Phoenix, AZ 85018		Phoenix, AZ 85018			
Name and street address Name:	© of Florida registered agent: (P.O. Box		table)	29	
Office Address:	1200 South Pine Island Road		_		
	Plantation				
	(City)		, Florida		

(Kimberly Bowens; Assistant Secretary) Ву: (Registered agent's signature)

From: Lexus Wingo

manage [up to six (6) total]:

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to

Title or Capacity:	Name and Address:	Title or Capacity	<u>:</u>	Name and 2	Address:
_]Manager	Name. 4Front Holdings LLC	_ Manager	Name.		
™ Member	Address; 5060 N 40th St.	□ Member	Address:		
☐ Authorized	Suite 120	Authorized			
Person	Phoenix, AZ 85018	Person			
Other	Other	□Other		□Other	
					3 2202 s
□Manager	Name:	□Manager	Name.		
□Member	Address:	□ Member	Address		
T. Authorized		- Authorized			P
Person		Person	_		2: 2:0
□ Other	Other	□Other		□ Other	
∐Manager	Name:	□ Manager	Name:		
□Member	Address:	☐ Member	Address:		
□ Authorized		☐ Authorized			
Person		Person			
Other	()ther	TOther		DOther	

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 fellowy as provided for in \$817,155, F.S.

OocuSigned by:	
les Goutmakher	
this particular state of the st	
Leonid Gontmakher, Authorized Signatory	

Page: 6 of 6

To:



Page 1

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

DELAWARE, DO HEREBY CERTIFY "MISSION PARTNERS USA, 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 FIFTEENTH DAY OF SEPTEMBER, A.D. 2022.

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

2022 8-315 Pix 6-63



Authentication: 204402823

Date: 09-15-22

5617095 8300

SR# 20223534714