

M220000015328

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

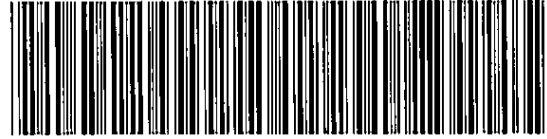
(Document Number)

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2022 SEP 29 PM 2:17

RECEIVED

SECRETARY OF STATE
JALLAHASSEE, FLORIDA
2022 SEP 29 AM 11:52

S. ROBERTS

SEP 29 2022



15 N CALHOUN ST., STE. 4
TALLAHASSEE, FL 32301
P: 866.625.0838
F: 866.625.0839
COGENCYGLOBAL.COM

Account#: 120000000088

Date: 10/04/2022

Name: Merritt Walker

Reference #: 1792856

Entity Name: MARY ALICE BROWN MANAGER LLC

Articles of Incorporation/Authorization to Transact Business

Amendment

Change of Agent

Reinstatement

Conversion

Merger

Dissolution/Withdrawal

Fictitious Name

Other CERTIFIED COPY OF THE FILING EVIDENCE
CERTIFICATE OF STATUS UPON FILING

PLEASE RETAIN ORIGINAL DATE OF
SUBMISSION, 9/29/2022

Authorized Amount: \$160

Signature: *mw*

MARY ALICE BROWN MANAGER LLC
490 Opa Locka Boulevard, Suite 20
Opa Locka, Florida 33054

TO: Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

RE: Authority and right of the name and agreeing that it will not file a revocation of its dissolution.

To whom it may concern:

Please note that I am the authorized representative and person appointed to wind up the company's affairs and activities, hereby grants authority to release the name for Mary Alice Brown Manager LLC (Document No. L20000346185) which was voluntarily dissolved on June 16, 2022 to the Mary Alice Brown Manager LLC a Delaware limited liability company to be registered as a foreign entity in Florida. I also agree that Mary Alice Brown Manager LLC it will not file a revocation of its dissolution for Document No. L20000346185.

Should you have any questions or need additional information, please do not hesitate to contact Dawn Perez at dawn@olcdc.org or (954) 643-0900.

Very truly yours,



Willie Logan
President and CEO of
Opa-Locka Community Development Corporation, Inc.
Phone: (305) 687-3545
logan@olcdc.org

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: MARY ALICE BROWN MANAGER 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:

Attn: Lida Rodriguez

Name of Person

Opa-Locka Community Development Cororation, Inc.

Firm/Company

490 OPA-LOCKA BLVD, STE 20

Address

OPA-LOCKA, FL 33054

City/State and Zip Code

lrtaseff@olcdc.com

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

For further information concerning this matter, please call:

COGENCY GLOBAL INC at (866) 625-0838
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

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. MARY ALICE BROWN MANAGER 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. DELAWARE (Jurisdiction under the law of which foreign limited liability company is organized)
3. 88-3142316 (FEI number, if applicable)

4. JUNE 16, 2022
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 490 OPA-LOCKA BLVD, STE 20 (Street Address of Principal Office)
6. 490 OPA-LOCKA BLVD, STE 20 (Mailing Address)
OPA-LOCKA, FL 33054 OPA-LOCKA, FL 33054

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

Name: COGENCY GLOBAL INC.

Office Address: 115 North Calhoun Street, Suite 4

Tallahassee, Florida 32301
(City) (Zip code)

2022 SEP 29 PM 2:17

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.

Merritt Walker Merritt Walker, Asst. Secretary
(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: OPA-LOCKA COMMUNITY DEVELOPMENT CORPORATION, INC. _____	<input type="checkbox"/> Manager	Name: _____
<input checked="" type="checkbox"/> Member	Address: 490 OPA-LOCKA BLVD, STE 20 _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized Person	OPA-LOCKA, FL 33054 _____	<input type="checkbox"/> Authorized 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 Person	_____	<input type="checkbox"/> Authorized 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 Person	_____	<input type="checkbox"/> Authorized 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.

/s/ Willie Logan

Signature of an authorized person

Willie Logan

Typed or printed name of signee

Delaware

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MARY ALICE BROWN MANAGER 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-SEVENTH DAY OF SEPTEMBER, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MARY ALICE BROWN MANAGER LLC" WAS FORMED ON THE SIXTEENTH DAY OF JUNE, A.D. 2022.

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



6863233 8300

SR# 20223631692

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

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 204493157

Date: 09-27-22