M220000 16713

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



300396164273

10/26/22--01011--002 **125.00

2022 OCT 28 AM II: 13

APPROVED AND FILED

2022 OCT 28 AM 10: 4:

OCT 31 2022 K. Brumbley

CORPORATE

When you need ACCESS to the world

-ACCESS, ____

INC.

236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

· · · · · · · · · · · · · · · · · · ·		
PIC	K UP:	DANNY 10/28
CERTIFIED COPY PHOTOCOPY		
CUS FILING	FORE	IGN LLC
(CORPORATE NAME AND DOCU	MENT #)	
(CORPORATE NAME AND DOCU	MENT #)	
(CORPORATE NAME AND DOCU	MENT #)	
(CORPORATE NAME AND DOCU	MENT #)	
(CORPORATE NAME AND DOCUME	MENT #)	
	CERTIFIED COPY PHOTOCOPY CUS FILING MKG VENTURES LLC (CORPORATE NAME AND DOCU	PHOTOCOPY CUS FILING FORE MKG VENTURES LLC (CORPORATE NAME AND DOCUMENT #) (CORPORATE NAME AND DOCUMENT #)

COVER LETTER

TO:	Registration Section Division of Corporations
SUBJ	ECT: Name of Limited Liability Company
The en Exister	closed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of icc, 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:
	Name of Person
	The medilaw firm
	4929 SW 74th CT Address
	City/State and Zip Code
	E-mail address: (to be used for future annual report notification)
For fun	ther information concerning this matter, please call:
	Name of Contact Person at (305) 444 - 3484 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
	Rlease make check payable to: FLORIDA DEPARTMENT OF STATE \$125.00 Filing Fee \$\Bigcup \$130.00 Filing Fee & \Bigcup \$155.00 Filing Fee & \Bigcup \$160.00 Filing Fee, Certificate Certificate of Status Certified Copy 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 LIABILIT COMPANY TOTRANSACT BUSINESS IN THE STATE OF FLORIDA:
Mh G Ventures 110
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.E.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. De laware 3. 92-6835-044 (Jurisdiction under the law of which foreign limited liability company is organized) 3. (FEI number, if applicable)
4. (Date first transacted business in Florids, if prior to registration.) (See sections 603.0904 & 605.0905, F.S. to determine penalty liability)
5. 205 ROSery RD 6. 205 ROSery RD (Street Address of Principal Office) 6. (Mailing Address)
Belleair, FL, 33756 Bellegir FL 33756
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
Name: The Law Offices of Max A Adams ESQ PECT
Office Address: 4929 Sw 74th ct 151 FC
Liami, Florida 33/57 w
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)

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: Title or Capacity; Name: Michael Venezia Name JOYah Elise Vinezia **M**anager Manager Address: 205 Losery RD □Member □Member Bellear, Fc, 33756 Billiair FL 33750 □Authorized □ Authorized Person Person []Other__ □Other _____ □Other Other □Manager Name: ____ □ Manager Name: _____ □Member Address: ____ ☐ Member Address: _____ □ Authorized □Authorized Person Person □Other_ □Other___ □Other Other____ □Manager Name: _____ □ Manager Name: _____ []Member Address: _____ ☐ Member Address: ☐ Authorized □ Authorized Person Person □Other □Other__ Other____ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed 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.

Leax Adams - Authorized Planson tative

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "MKG VENTURES 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 OCTOBER, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID "MKG VENTURES LLC" IS A SERIES LIMITED LIABILITY COMPANY.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MKG VENTURES LLC" WAS FORMED ON THE TWENTY-FIRST DAY OF OCTOBER, A.D. 2022.

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

at corp.delaware.gov/auth

Authentication: 204711264

Date: 10-26-22

7097638 8300E SR# 20223868848

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