

M220000017010

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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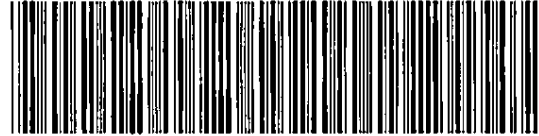
(Business Entity Name)

(Document Number)

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CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312
850-656-4724

Date: 11/07/2022

Acc#120160000072

en: c DW

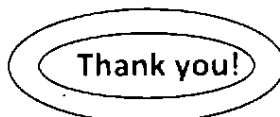
Name:	MB2 Restoration LLC
Document #:	
Order #:	14623562

Certified Copy of Arts & Amend:	☐		
Plain Copy:	☐		
Certificate of Good Standing:	☐		
Certified Copy of	☐		
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Amount: \$ 155.00



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. MB2 Restoration 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. New Hampshire 3. 92-0948832
(Jurisdiction under the law of which foreign limited liability company is organized) (FBI 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. 815 Lafayette Road 6. P.O. Box 372
(Street Address of Principal Office) (Mailing Address)
Portsmouth, NH 03801 Greenland, NH 03840

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

Name: C T Corporation System
Office Address: 1200 South Pine Island Road
Plantation, Florida 33324
(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.

Rose Song
(Registered agent's signature)

Rose Song, Assistant Secretary

2022 NOV -2 PM 10:46

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 Patrick Brown

☒ Member Address: 12 Lane Avenue

☐ Authorized Greenland, NH 03840

Person _____

☐ Other _____ ☐ Other _____

☒ Manager Name: Ronald D. Martenson

☒ Member Address: 180 Sherburne Road

☐ Authorized Portsmouth, NH 03801

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

Title or Capacity: Name and Address:

☒ Manager Name: Christopher Michael Anderson

☒ Member Address: 143 Rockingham Avenue

☐ Authorized Portsmouth, NH 03801

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: Michael Patrick Brown, Trustee
Michael P. Brown Revocable Trust
of 2008, w/i/g 10/17/2008

☒ Member Address: 12 Lane Avenue

☐ Authorized Greenland, NH 03840

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.

U executed by:
Michael P. Brown

Signature of an authorized person

Michael Patrick Brown, Manager

Typed or printed name of signer

State of New Hampshire
Department of State

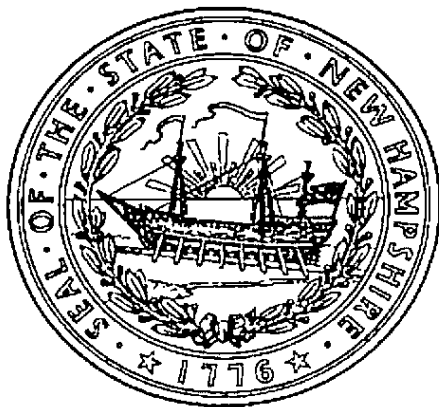
CERTIFICATE OF EXISTENCE

OF

MB2 RESTORATION LLC

This is to certify that **MB2 RESTORATION LLC** is registered in this office as a **New Hampshire Limited Liability Company** to transact business in New Hampshire on 11/4/2022 11:28:00 AM.

Business ID: 915592



IN TESTIMONY WHEREOF,

I hereto set my hand and cause to be affixed
the Seal of the State of New Hampshire,
this 4th day of November A.D. 2022.

A handwritten signature in black ink, appearing to read "David M. Scanlan".

David M. Scanlan
Secretary of State