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Thank you!

#### COVER LETTER

	Registration Section Division of Corporations				
SUBJEC	MJ FORGE LLC  F:				
Name of Limited Liability Company					
		bility Company for Authorization to Transact Business in Florida," Certificate of above referenced foreign limited liability company to transact business in Florida.			
Please reti	urn all correspondence concerning this m	atter to the following:			
	Jonathan W. Michael				
		Name of Person			
	The Michael Law Group, P.C.				
	Firm/Company				
	311 S. Wacker Drive, Suite 1590				
Address					
	Chicago, IL 60606				
		City/State and Zip Code			
	jmichael@themichaellawgroup.co	m			
	É-mail address:	(to be used for future annual report notification)			
For furthe	r information concerning this matter, plea	ase call:			
J	onathan W. Michael	312 900-0150			
_	Name of Contact Person				
F E P	Registration Section Division of Corporations P.O. Box 6327 Fallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			
P	inclosed is a check for the following amo lease make check payable to: FLORIDA 3 S125.00 Filing Fee	A DEPARTMENT OF STATE			

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

IN COMPILANCE 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:

I. MJ FORGE LLC					_
(Name of Foreign	Limited Liability Company; must include "Limite	d Liability Co	mpany," "L.U.C.," or "UUC.")		
(If name unavailable, enter alternate r	name adopted for the purpose of transacting business in F	lorida The alter	nate name must include "Limited Liab	ility Company," "L.L C," or "	ī.c.")
Delaware 2		3	8-4296475		
(Jorisdiction under the law of w	(Jurisdiction under the law of which foreign limited liability company is organized)		(FEI number, if applicable)		-
4.					
	(Date first transacted business in Florida, if prior to (See sections 605 0904 & 605,0905, F.S. to determ	registration ) ine penalty habi	lity)		
882 Hill Tide Lane 5.		88 6.	2 Hill Tide Lane		
(Street Address of Principal Office)		٠٠ <u> </u>	(Mailing Address)		-
Boca Grande, FL 3392	l	Во	ca Grande, FL 33921		
				2022 5.11 5.11	
7. Name and street addres	<u>s</u> of Florida registered agent: (P.O. Bo)	NOT acc	eptable)	2022 NOV 1 6	严 <u>之</u> .
Name:	C T Corporation System		<u>_</u>	AH 8:	
Office Address:	1200 South Pine Island Road		<u> </u>	: 06 : 06	
	Plantation		33324 , Florida		
	(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.

By:	C T Corporation System  MMMARGULE	Theresa Buck, Assistant 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]:

Title or Capacity:	Name and Address:	Title or Capacity	<u>ä</u>	Name and Address:
⊠Manager	Name: David C. Habiger	□Manager	Name:	
□Member	Address: 882 Hill Tide Lane	□Member	Address:	
□Authorized	Boca Grande, FL 33921	□Authorized		· · · · · · · · · · · · · · · · · · ·
Person		Person		
Other	□Other	□Other	<del></del>	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

<u>Important Notice:</u> 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.



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

DELAWARE, DO HEREBY CERTIFY "MJ FORGE 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 FOURTEENTH DAY OF NOVEMBER, A.D. 2022.

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

Authentication: 204853002

Date: 11-14-22