# M230000911

(Requestor's Name)				
(Address)				
(Addi	ress)			
(City)	State/Zip/Phon	e #)		
PICK-UP	WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificate	s of Status		
Special Instructions to Filing Officer:				
	J.	2751		

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12/19/22--01012--007 ++125.00

> S. FRANKLIN JAN 2 5 2023

#### COVER LETTER

#### °**O**: **Registration Section Division of Corporations**

MMG Distribution, LLC

SUBJECT:

For further

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:

Jennifer McCartha				
	Name of Person	-		
McCartha Law, LLC				
	Firm/Company	-		
100 Church Street SW Suite 125				
	Address	-		
Huntsville, AL 35801		<u>,</u>		
City	/State and Zip Code	, t		
jennifer@mccarthalaw.com				
E-mail address: (to be u	sed for future annual report notification)			
her information concerning this matter, please call:				
Jennifer McCartha	256 270-4233 at ( )	ر <u>ث</u> ا		
Name of Contact Person	Area Code Daytime Telephone Number			
Mailing Address: Registration Section	Street Address: Registration Section			
Division of Corporations	Division of Corporations			
P.O. Box 6327	The Centre of Tallahassee			
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			
Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPA				
■ \$125.00 Filing Fee □ \$130.00 Filing Fee a Certificate of 1	2 0 1			

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

#### IN COMPLIANCE WITH SECTION 6050902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANYTO TRANSACT BUSINESS IN THE SEATE OF FLORIDA:

MMG Distribution, LLC

i name unavaname, curi ancinare n	ame adopted for the purpose of transacting business in Fle	inda The alt	emate name must include "Lunited Liability Co	mpany," "L.L.C," or "LLC
Alabama (Jurisdiction under the law of w)	nch foreign limited liability company is organized)	3	(FEI number, if appl	icable)
1/17/22				
·	(Date first transacted business in Florida, if prior to r (See sections 605 0904 & 605 0905, F.S. to determin	egistration } he penalty lia	bility)	
3480 Eastern Blvd		3	480 Eastern Blvd (Mailing Address)	
Montgomery, Al 36116	)	N 	fontgomery, AL 36116	<u> </u>
		_		-Fi
	s of Florida registered agent: (P.O. Box	Mar	ceptable)	
Name and street addres	or Fronda registered agent. (F.O. Dox	<u>NOT</u> ac	•	۲.
Name and <u>street addres</u> Name:	Corporation Service Company		· ·	ί.
-	Corporation Service Company			٢.

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**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.

Daiaundrea N. Garvin Assistant Secretary (Kegistered sgent's signature)

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to nanage [up to six (6) total]:

[itle or Capacity;	Name and Address:	Title or Capacity:	Name and Address:
⊐Manager	Name:	□Manager	Name:
∎Member	Address:	EMember	Address:
□Authorized	Montgomery, AL 36116	Authorized	Montgomery, AL 36116
Person		Person	
]Other	Other	🗆 Other	Other
∃Manager	Name:	□Manager	Name:
∃Member	Address:	Member	Address:
Authorized	<u> </u>	□Authorized	t** ``
Person		Person	·
]Other	Other	DOther	Other
∃Manager	Name:	□Manager	Name:
∃Member	Address:	□Member	Address:
JAuthorized		Authorized	
Person		Person	
]Other	Other	Other	Other

mportant Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonndexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

<sup>1</sup>. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the urisdiction 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)

0. This document is executed in accordance with section 605.0203 (1) (b). Florida Statutes. I am aware that any false information ubmitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

rtul V VUMS

Signature of an authorized person-

**Krystal Mims** 

John H. Merrill Secretary of State P.O. Box 5616 Montgomery, AL 36103-5616

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## State of Alabama

### l, John H. Merrill, Secretary of State of Alabama, having custody of the Great and Principal Seal of said State, do hereby certify that

the entity records on file in this office disclose that MMG Distribution, LLC was formed in Alabama, Alabama on November 17, 2021. The Alabama Entity Identification number for this entity is 000-953302. I further certify that the records do not disclose that said entity has been dissolved, cancelled or terminated.



In Testimony Whereof, I have hereunto set my hand and affixed the Great Seal of the State, at the Capitol, in the city of Montgomery, on this day.

12/06/2022

Date

20221206000025292

John H. Merrill

Secretary of State



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

January 10, 2023

JENNIFER MCCARTHA 100 CHURCH STREET SW STE 125 HUNTSVILLE, AL 35801 US

SUBJECT: MMG DISTRIBUTION, LLC Ref. Number: W23000002751

We have received your document for MMG DISTRIBUTION, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to s.605.0902(1)(e), Florida Statutes, the document must contain the name, title or capacity and address of at least one person who has the authority to manage the foreign limited liability company.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Sharon D Franklin Regulatory Specialist II

Letter Number: 223A00000706

