

M23000002061

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

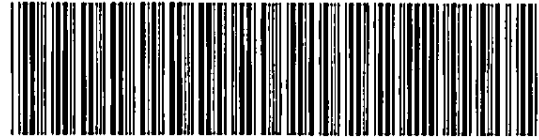
(Document Number)

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2023 FEB 15 2:10:46

FEB 16 2023
M. SOLOMON

COVER LETTER

TO: Registration Section
Division of Corporations
FHM Management LLC

SUBJECT: _____
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:

Fernando Mercenari

Name of Person

FHM Management LLC

Firm/Company

50 W Mashta Dr Ste 4

Address

Key Biscayne, FL 33149

City/State and Zip Code

bhasbach@inovaus.com

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

2023 FEB 15 AM 10:44
RECEIVED
CORPORATION DIVISION

For further information concerning this matter, please call:

Bernardo Hasbach 305 219-0580

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:

FHM Management LLC

1. _____
(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.")

Delaware 85-4220710

2. _____ 3. _____
(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 registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

50 W Mashta Dr Ste 4 4095 S State Road 7 Ste L216

5. _____ 6. _____
(Street Address of Principal Office) (Mailing Address)

Key Biscayne, FL 33149 Wellington, FL 33449

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

SLN Management LLC

Name: _____

50 W Mashta Dr Ste 4

Office Address: _____

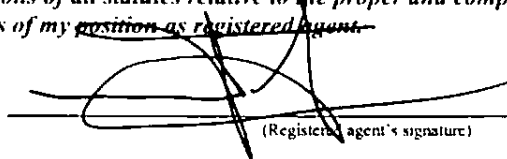
Key Biscayne 33149

_____, Florida _____
(City) (Zip code)

2023 FEB 15 AM 10:44
FILED

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]:

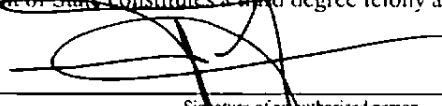
<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: <u>Fernando Mercenari</u> Address: <u>50 W Mashta Dr Ste 4</u> <u>Key Biscayne, FL 33149</u>	<input type="checkbox"/> Manager	Name: _____ Address: _____
<input type="checkbox"/> Member	Name: _____ Address: _____	<input type="checkbox"/> Member	Name: _____ Address: _____
<input type="checkbox"/> Authorized Person	Name: _____ Address: _____	<input type="checkbox"/> Authorized Person	Name: _____ Address: _____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____ Address: _____	<input type="checkbox"/> Manager	Name: _____ Address: _____
<input type="checkbox"/> Member	Name: _____ Address: _____	<input type="checkbox"/> Member	Name: _____ Address: _____
<input type="checkbox"/> Authorized Person	Name: _____ Address: _____	<input type="checkbox"/> Authorized Person	Name: _____ Address: _____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____ Address: _____	<input type="checkbox"/> Manager	Name: _____ Address: _____
<input type="checkbox"/> Member	Name: _____ Address: _____	<input type="checkbox"/> Member	Name: _____ Address: _____
<input type="checkbox"/> Authorized Person	Name: _____ Address: _____	<input type="checkbox"/> Authorized Person	Name: _____ Address: _____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

2028 FEB 15 AM 10:44
 STATE OF FLORIDA
 DEPARTMENT OF STATE

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.



 Signature of an authorized person

Fernando Mercenari

 Typed or printed name of signer

Delaware

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "FHM MANAGEMENT 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 NINTH DAY OF FEBRUARY, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "FHM MANAGEMENT LLC" WAS FORMED ON THE FIFTH DAY OF JUNE, A.D. 2017.



6435986 8300

SR# 20230442365

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: 202677659

Date: 02-09-23