

W2300000SSSS

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

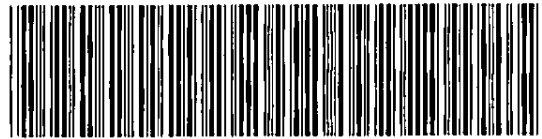
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

W23-18788  
06540  
1/6/23

Office Use Only



700401138327

01/31/23--01021--007 \*\*130.00

05/01/23--01007--019 \*\*638.75

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2023 APR 25 AM 8:14

S. FRANKLIN

1/1/2023

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: MPAV Holdings, LLC  
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:

Ethan Graham  
Name of Person  
MPAV Holdings, LLC  
Firm/Company  
c/o Sunstone Partners Management, LLC 400 S. El Camino Real, Suite 300  
Address  
San Mateo, CA 94402  
City/State and Zip Code  
ethan.graham@stova.io  
E-mail address: (to be used for future annual report notification)

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2023 APR 25 AM 8:14  
TALLAHASSEE, FL

For further information concerning this matter, please call:

Ethan Graham 971 336-9163  
Name of Contact Person at ( ) 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 05.002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY  
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. MPAV Holdings, 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. Delaware 3. 87-3847364  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. December 23, 2021  
(Date first transacted business in Florida, if prior to registration)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. c/o Sunstone Partners Management, LLC  
(Street Address of Principal Office)  
400 S. El Camino Real, Suite 300  
San Mateo, CA 94402

6. c/o Sunstone Partners Management, LLC  
(Mailing Address)  
400 S. El Camino Real, Suite 300  
San Mateo, CA 94402


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COUNTY OF S.E.E. FL

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

Name: Corporate Creations Network Inc.  
Office Address: 801 US Highway 1  
North Palm Beach 33408  
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: Michael Reinhold, Vice President  
(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 type="checkbox"/> Manager	Name: <u>Anupam Palit</u>	<input type="checkbox"/> Manager	Name: <u>Ethan Graham</u>
<input type="checkbox"/> Member	Address: <u>c/o Sunstone Partners Mgmt</u>	<input type="checkbox"/> Member	Address: <u>c/o Sunstone Partners Mgmt</u>
<input checked="" type="checkbox"/> Authorized	<u>LLC 400 S. El Camino Real, Suite 300</u>	<input checked="" type="checkbox"/> Authorized	<u>LLC 400 S. El Camino Real, Suite 300</u>
Person	<u>San Mateo CA 94402</u>	Person	<u>San Mateo CA 94402</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
 <input type="checkbox"/> Manager	Name: _____	 <input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
 <input type="checkbox"/> Manager	Name: _____	 <input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> 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.



Signature of an authorized person

Ethan Graham

Typed or printed name of signer

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TALLAHASSEE, FL

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF  
DELAWARE, DO HEREBY CERTIFY "MPAV HOLDINGS, 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 TWELFTH DAY OF JANUARY, A.D. 2023.

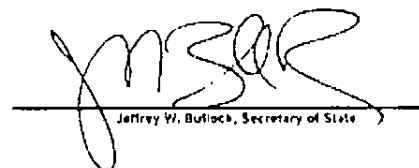
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CORPORATE  
DELAWARE, FL



6441851 8300

SR# 20230114243

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

  
Jeffrey W. Bullock, Secretary of State

Authentication: 202482570

Date: 01-12-23



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 11, 2023

ETHAN GRAHAM  
C/O SUNSTONE PARTNERS MANAGEMENT, LLC  
400 S EL CAMINO REAL STE 300  
SAN MATEO, CA 94402 US

SUBJECT: MPAV HOLDINGS, LLC  
Ref. Number: W23000018788

We have received your document for MPAV HOLDINGS, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

According to the application submitted to this office, this entity transacted business in the state of Florida before properly registering with the Florida Department of State, Division of Corporations. Consequently, a \$500 civil penalty and an annual report filing fee for each year the entity failed to properly file a Florida annual report are due this office. Based on the date entered on the application, the civil penalty and annual report filing fees total \$638.75.

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: 023A00003342

RECEIVED  
APR 25 2023