# M23000005029

	(Requestor's Name)
	(Address)
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<del></del>	(City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
	(Business Entity Name)
	(Document Number)
Copies	Certificates of Status
Instructions to	Filing Officer
	Office Use Only



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### COVER LETTER

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TO:	Registration Section Division of Corporations					
	MF213 LLC					
SUBJI	СТ:					
		Name of Limited Liability Company				
The end Exister	closed "Application by Foreign Lim nce, and check are submitted to regis	ited Liability Company for Authorization to Transact Business in Florida," Certificate of ster the above referenced foreign limited liability company to transact business in Florida.				
Please	return all correspondence concernin	g this matter to the following:				
	Andrew S. Epstein					
	Name of Person					
Andrew S. Epstein, P.A.						
	<del></del>	Firm/Company				
	4600 Summerlin Road, S	Guite C-2524				
	Address					
	AndrewEpsteinLaw@Gm	City/State and Zip Code				
	E-mail a	address: (to be used for future annual report notification)				
For furt	her information concerning this may	ter, please call:				
Andrew S. Epstein		239 334-6666				
		at ()				
	Name of Contact	Person Area Code Daytime Telephone Number				
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahussee, FL 32314		Street Address: Registration Section Division of Corporations. The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				
		ng amount:  ORIDA DEPARTMENT OF STATE  .00 Filing Fee &				

# NAME RELEASE

1, ANDREW SIEBEN as Alterney in fact WILL NOT	
REINSTATE NOR REVOKE THE DISSOLUTION	OF
MFZ13,LC	
DOCUMENT NUMBER L21000483905	
AND I RELEASE THE NAME FOR USE BY	
ANOTHER ENTITY.	202
-	75 75 75 75

ATTORNEY IN PACT

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES THE FULLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: MF213 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. U.," or "L. U." Delaware 87-3705382 (Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable) 11/12/2021 (Date tirst transacted business in Florida, if prior to registration.) (See sections 605 0904 & 605 0905, F.S. to determine penalty liability) 12771 World Plaza Lane 12771 World Plaza Lane 5. (Street Address of Principal Office) (Mailing Address) Suite 1-Y Suite 1-Y Fort Myers, FL 33907 Fort Myers, FL 33907 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Andrew S. Epstein Name: 4600 Summerlin Road, Suite C-2524 Office Address: Fort Myers 33919

### 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 typen's supplifier)

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: Four Square Management LLC	Title or Capacity:	Name and Address:
■Manager	Name:	□Manager	Name:
□Member	Address:Suite !	□Member	Address:
□Authorized		□Authorized	<u> </u>
Person	Fort Myers, FL 33907	Person	
Other	Other	Other	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	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.

Andrew S. Epstein	Signature of an authorized person
	Exped or printed name of signee





Page 1

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

DELAWARE, DO HEREBY CERTIFY "MF213 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 TWENTY-SEVENTH DAY OF APRIL, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MF213 LLC" WAS FORMED ON THE TWENTY-FIRST DAY OF APRIL, A.D. 2023.

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

Authentication: 203230519

Date: 04-27-23