

Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
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DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**Foreign Limited Liability Company  
MANN INVESTMENTS, LLC**

|                       |          |
|-----------------------|----------|
| Certificate of Status | 0        |
| Certified Copy        | 0        |
| Page Count            | 03       |
| Estimated Charge      | \$125.00 |

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2023 AUG -1 AM 11:04

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AUG 02 2023  
K. Brumbloy

**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:*

1. MANN INVESTMENTS, LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

MANN INVESTMENTS OF FLORIDA, 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. TENNESSEE

(Jurisdiction under the law of which foreign limited liability company is organized)

3. \_\_\_\_\_

(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)

5. 14914 Camargo Place

(Street Address of Principal Office)

6. \_\_\_\_\_

(Mailing Address)

Lakewood Ranch, FL 34202

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

Name: Timothy L. Flanagan, Esq.

Office Address: 1548 Lancaster Terrace

Jacksonville, Florida 32204  
(City) (Zip code)

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CLERK OF STATE  
TALLAHASSEE, FLORIDA

**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.*

Timothy L. Flanagan  
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>Mann Management, Inc.</u>   | <input type="checkbox"/> Manager                           | Name: <u>John A. Kavanshansky</u>    |
| <input checked="" type="checkbox"/> Member | Address: <u>14914 Camargo Place</u>  | <input type="checkbox"/> Member                            | Address: <u>14914 Camargo Place</u>  |
| <input type="checkbox"/> Authorized        | <u>Lakewood Ranch, FL 34202</u>      | <input type="checkbox"/> Authorized                        | <u>Lakewood Ranch, FL 34202</u>      |
| Person                                     | _____                                | Person   | _____                                |
| <input type="checkbox"/> Other _____       | <input type="checkbox"/> Other _____ | <input checked="" type="checkbox"/> Other <u>President</u> | <input type="checkbox"/> Other _____ |
| <br><input type="checkbox"/> Manager       | Name: _____                          | <br><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 _____ |
| <br><input type="checkbox"/> Manager       | Name: _____                          | <br><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  
 John A. Kavanshansky  
 \_\_\_\_\_  
 Typed or printed name of signer



**Tre Hargett**  
Secretary of State

**Division of Business Services**  
**Department of State**  
State of Tennessee  
312 Rosa L. Parks AVE, 6th FL  
Nashville, TN 37243-1102

**TIMOTHY L. FLANAGAN, ESQ.**  
LEIGH FLOOD  
1548 LANCASTER TERRACE  
JACKSONVILLE, FL 32204

July 31, 2023

**Request Type: Certificate of Existence/Authorization**  
**Request #:** 0540615

**Issuance Date:** 07/31/2023  
**Copies Requested:** 1

**Document Receipt**

**Receipt #:** 008279123

**Filing Fee:** \$20.00

**Payment-Credit Card - State Payment Center - CC #:** 3855554730

\$20.00

**Regarding:** Mann Investments, LLC

**Filing Type:** Limited Liability Company - Domestic

**Control #:** 1449879

**Formation/Qualification Date:** 07/26/2023

**Date Formed:** 07/26/2023

**Status:** Active

**Formation Locale:** TENNESSEE

**Duration Term:** Perpetual

**Inactive Date:**

**Business County:**

**CERTIFICATE OF EXISTENCE**

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

**Mann Investments, LLC**

\* is a Limited Liability Company duly formed under the law of this State with a date of incorporation and duration as given above;

\* has paid all fees, interest, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business;

\* has appointed a registered agent and registered office in this State;

\* has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

Tre Hargett  
Secretary of State

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**Verification #: 062007919**