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Office Use Only



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2023 AUG - 1 PH 12: 81
SECRETARY OF STATE
SECRETARY



Alig 0 2 2023 K. Brumbley



To: Department Of State, Division Of Corporations

From: Eyliena Baker

Ext:

Date: 08/01/23 Order #: 1243034-1

Re: Mana Wynwood Productions, LLC

Processing Method: Routine

## TO WHOM IT MAY CONCERN:

Enclosed please find:

Application for Certificate of Authority

Amount to be deducted from our State Account: \$125.00 - FL State Account Number:

12000000195

AUTH

Please take the following action:

Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

## **COVER LETTER**

Registration Section Division of Corporations

TO:

SUBJECT:	MANA WYNWOOD PRODUCTIO	NS, LLC
	· · · · · · · · · · · · · · · · · · ·	Name of Limited Liability Company
		bility Company for Authorization to Transact Business in Florida," Certificate of above referenced foreign limited liability company to transact business in Florida.
Please return	all correspondence concerning this m	atter to the following:
	Kristina Hoshovsky	
		Name of Person
	M Management, Inc.	
		Firm/Company
	215 Coles Street	
	<del></del>	Address
	Jersey City, NJ 07310	
		City/State and Zip Code
	Khoshovsky@mmgmt.net	
	E-mail address:	(to be used for future annual report notification)
For further in	nformation concerning this matter, plea	ase call:
Kri	stina Hoshovsky	201 7984710 at ( )
	Name of Contact Person	at ()
	iling Address:	Street Address:
	gistration Section vision of Corporations	Registration Section
	). Box 6327	Division of Corporations The Centre of Tallahassee
	llahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Plea	losed is a check for the following amouse make check payable to: FLORIDA \$125.00 Filing Fee \$130.00 Fili Certifi	DEPARTMENT OF STATE

## 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:

•	name adopted for the purpose of transacting business in Flo	orida. The alternate name must include "Limited Liab	oility Company," "L.	L.C," or "Ll.C.")
Delaware		3		
(Jurisdiction under the law of w	hich foreign limited liability company is organized)	(FEI number	, if applicable)	
JULY 31, 2023				
·	(Date first transacted business in Florida, if prior to r (See sections 605 0904 & 605 0905, F.S. to determine	egistration.)		
318 NW 23RD STRE		318 NW 23rd Street		
5. Street Address of Principal Office)		6. (Mailing Address)		<del></del>
Miami, FL 33127		Miami. FL 33127		
				<del>3</del>
Name and street addres	ss of Florida registered agent: (P.O. Box	NOT acceptable)		<u> </u>
Name:	Corporation Service Company			
Name:		<del> </del>		5 C M
Office Address:	1201 Hays Street		F	<b>3</b>
	Tallahassee	32301		
	(City)	, Florida(Zip code)	<del></del>	
	(City)	(zip code)		

(Registered agent's signature)

Ву:

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: Title or Capacity: Name and Address: Mana Common Marketing, LLC □Manager Name: \_\_\_\_\_ Address: \_\_\_ ■ Member ☐ Member Address: \_\_\_\_\_ Miami, FL 33127 ☐ Authorized ☐ Authorized Person Person □Other \_\_\_\_\_ □Other\_\_\_\_\_ □Other\_\_\_\_ □Other\_\_\_ Name: \_\_\_\_\_ □ Manager □Manager Name: \_\_\_\_\_ □Member Address: \_\_\_ □Member Address: ☐ Authorized □Authorized Person Person □Other\_\_\_\_ □Other □Other □Other □Manager □Manager Name: Address: \_\_\_\_ □Member ☐ 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. Nonindexed 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

Tuned or printed name of ciumus

Moishe Mana



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

DELAWARE, DO HEREBY CERTIFY "MANA WYNWOOD PRODUCTIONS, 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 FIRST DAY OF AUGUST, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MANA WYNWOOD PRODUCTIONS, LLC" WAS FORMED ON THE THIRTY-FIRST DAY OF JULY, A.D. 2023.

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



Authentication: 203867906

Date: 08-01-23