

M230000011291

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

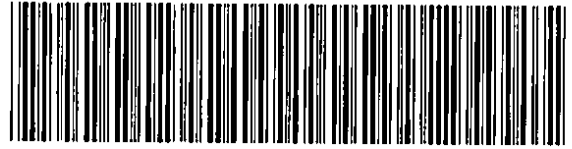
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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08/29/23--01001--014 **125.00

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2023 AUG 29 AM 1:47

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2023 AUG 29 PM 1:53

RECORDS OFFICE
TALLAHASSEE FL 32304

Advanced Incorporating Service

1317 California Street
P.O. Box 20396
Tallahassee, FL 32316

Phone: 850-222-CORP
Fax: 850-575-2724
Email: wlopez@aisincfl.com
Website: www.aisincfl.com

NAME OF ENTITY MFG Augusta, LLC	FOR OFFICE USE ONLY

PICK ONE:

____ CERTIFIED COPY XX PHOTOCOPY ____ C.U.S.

FILING:

____ CORPORATION XX LLC ____ LIMITED PARTNERSHIP ____ GENERAL PARTNERSHIP
____ FICTITIOUS NAME ____ SERVICE MARK/TRADEMARK ____ AMENDMENT
____ FOREIGN QUALIFICATION ____ JUDGMENT LIEN
____ OTHER _____

RETRIEVAL:

____ GOOD STANDING CERT/C.U.S. ____ CERTIFIED COPY ____ PHOTOCOPY
Of _____

APOSTILLE/NOTARY CERTIFICATION REQUEST:

Country _____

Amount of Documents _____

DATE 8/29/23 TIME _____

Notes: _____

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

IN COMPLIANCE WITH SECTION 605.0602, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. MFG Augusta, 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. Colorado 81-2806903
(Jurisdiction under the law of which foreign limited liability company is organized) (FID number, if applicable)

4. Upon registration
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0604 & 605.0605, F.S. to determine penalty liability)

5. 3200 Cherry Creek South Drive, Suite 630 3200 Cherry Creek South Drive, Suite 630
(Street Address of Principal Office) (Mailing Address)

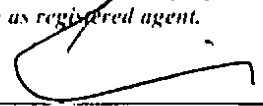
Denver, Colorado 80209 Denver, Colorado 80209

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

Name: Andrew S. Miller
Office Address: 10270 W. HWY 326
Ocala, Florida 34482
(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.


(Registered agent's signature)

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2023 AUG 29 AM 1:47
TALLAHASSEE, FLORIDA
CLERK OF THE CIRCUIT COURT

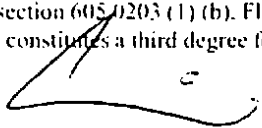
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<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>Andrew S. Miller</u>	<input type="checkbox"/> Manager	Name: <u>David S. Frishman</u>
<input type="checkbox"/> Member	Address: <u>10270 W. HWY 326</u>	<input type="checkbox"/> Member	Address: <u>3200 Cherry Creek South Drive</u>
<input checked="" type="checkbox"/> Authorized	<u>Ocala, Florida 34482</u>	<input checked="" type="checkbox"/> Authorized	<u>Suite 630</u>
Person	<u></u>	Person	<u>Denver, Colorado 80209</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
 <input type="checkbox"/> Manager	Name: <u>Michael J. Bloom</u>	 <input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: <u>300 S. Jackson Street</u>	<input type="checkbox"/> Member	Address: _____
<input checked="" type="checkbox"/> Authorized	<u>Suite 440</u>	<input type="checkbox"/> Authorized	_____
Person	<u>Denver, CO 80209</u>	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

Andrew S. Miller

Typed or printed name of signer

OFFICE OF THE SECRETARY OF STATE
OF THE STATE OF COLORADO

CERTIFICATE OF FACT OF GOOD STANDING

I, Jena Griswold, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office,

MFG Augusta, LLC

is a

Limited Liability Company

formed or registered on 05/23/2016 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 20161355524 .

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 08/25/2023 that have been posted, and by documents delivered to this office electronically through 08/28/2023 @ 14:16:16 .

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, and issued this official certificate at Denver, Colorado on 08/28/2023 @ 14:16:16 in accordance with applicable law. This certificate is assigned Confirmation Number 15274160 .



Jena Griswold

Secretary of State of the State of Colorado

*****End of Certificate*****

Notice: A certificate issued electronically from the Colorado Secretary of State's website is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Validate a Certificate page of the Secretary of State's website, <https://www.coloradosos.gov/biz/CertificateSearchCriteria.do> entering the certificate's confirmation number displayed on the certificate, and following the instructions displayed. Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our website, <https://www.coloradosos.gov> click "Businesses, trademarks, trade names" and select "Frequently Asked Questions."