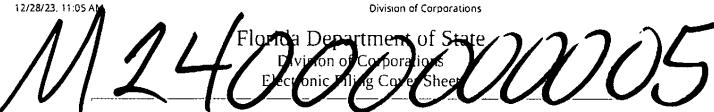
Division of Corporations



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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

Phone

: (307)200-2803

Fax Number

: (813)436-5206

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Foreign Limited Liability Company MJP 203 LLC

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Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

Help

K. SALY

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

IN COMPLIANCE WITH SECTION 695.0902, 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	orada. The alternate name must include "Empted Ex	ability Company," "L.L.C." o	ı "LLC
Illinois		3. 3415658881		
(Jurisdiction under the law of w	hich foreign limited liability company is organized)	(FEI mumb)	er, if applicable)	
	(Date first transacted business in Florida, if prior to t (See sections 605-0904 & 605-0905, F.S. to determin	registration.) ne penalty hability)		
7901 4th St N STE 300)	7901 4th St N STE 300		
neet Address of Principal Office)		6. (Mailing Address)		
St. Petersburg FL 3370	02	St. Petersburg FL 33702		
			2923	_
			1 (_ •
Name and street address	ss of Florida registered agent: (P.O. Box	NOT acceptable)	0EC 28	Ī
				1
Name:	Northwest Registered Agent LLC		PM 4: 29 EÜFTÖRÜÜ	1
) 12: 12:	
Office Address.	7901 4th St N STE 300	 	<u> </u>	
	St. Petersburg	33702		
	(Cay)	, Florida (Zin 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.

76N-		
	(Repostered 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]:

Title or Capacity:	Name and Address:	Title or Capacit	<u>v:</u>	Name and Address:
Manager	Name:	□Manager	Name:	
□Member	Address: 7901 4th St N STE 300	□Member	Address:	
□Authorized	St. Petersburg FL 33702	□Authorized		
Person		Person	·	
□Other	Other	□Other		□Other
□Manager	Name:	□Munager	Name:	2023
□Member	Address:	□Member	Address:	DEC P
□Authorized		□ Authorized		SAL C M
Person		Person		
□Other	□Other	□Other		
∟Manager	Name:	∐Manager	Name:	
□Member	Address:	□Member	Address:	- v
□Authorized		□Authorized		
Person		Person		
□Other	□Other	□Other		□Other

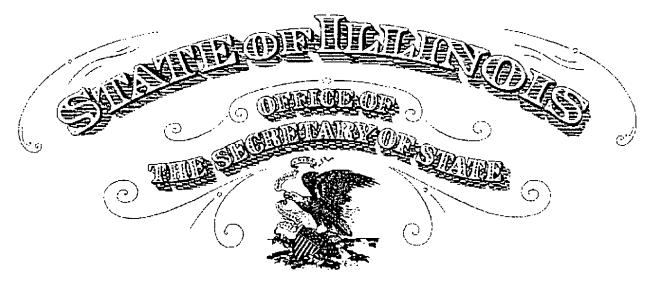
Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

- 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.

White ground he	
 Signature of an authorized person	
Nat Smith	
 Typed or printed name of signer	

File Number

1374192-1



To all to whom these Presents Shall Come, Greeting:

I, Alexi Giannoulias, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the

Department of Business Services. I certify that

MJP 203 LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON SEPTEMBER 12, 2023. APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.





In Testimony Whereof, I hereto set

my hand and cause to be affixed the Great Seal of the State of Illinois, this day of DECEMBER A.D.

Authentication #: 2335500954 verifiable until 12/21/2024

Authenticate at: https://www.ilsos.gov