

M24000000405

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

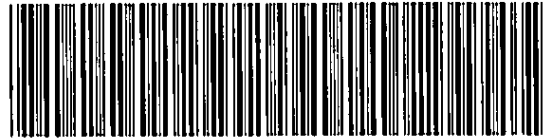
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Certified Copies _____

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Special Instructions to Filing Officer:

Office Use Only



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CSC - Tallahassee
1201 Hays Street
Tallahassee, FL 32301-2607
850-558-1500, Ext: 61594

To: Department Of State, Division Of Corporations
From: Eyliena Baker
Ext: 61594
Date: 01/12/24
Order #: 1387019-1
Re: MBA-HH, 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:
I20000000195

AUTH

Please take the following action:

File in your office on basis
Issue Proof of Filing

A handwritten signature in black ink, appearing to read 'Eyliena Baker', is written over the text 'Please take the following action:'.

Special Instructions:

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

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. MBA-HH, 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. Delaware 3. 36-4888016
(Jurisdiction under the law of which foreign limited liability company is organized) (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. Two Alhambra Plaza, Suite 1040
(Street Address of Principal Office)

Coral Gables, FL 33134

6. Two Alhambra Plaza, Suite 1040
(Mailing Address)

Coral Gables, FL 33134

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

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee, Florida 32301
(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.

Corporation Service Company

Eylina Baker
Assistant Vice President

(Registered agent's signature)

FILED
2024 JAN 12 PM 4:16
SECRETARY OF STATE
TALLAHASSEE, FL

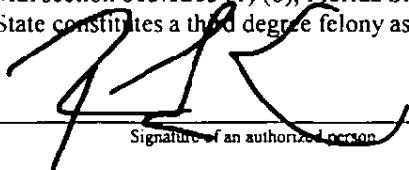
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>		<u>Name and Address:</u>		<u>Title or Capacity:</u>		<u>Name and Address:</u>	
<input checked="" type="checkbox"/> Manager	Name:	<u>Verus Protector, LLC</u>		<input type="checkbox"/> Manager	Name:	<u>Richard Kohan</u>	
<input type="checkbox"/> Member	Address:	<u>Two Alhambra Plaza, Suite 1040</u>		<input type="checkbox"/> Member	Address:	<u>2 Alhambra Plaza, Suite 1040</u>	
<input type="checkbox"/> Authorized		<u>Coral Gables, FL 33134</u>		<input type="checkbox"/> Authorized		<u>Coral Gables, FL 33134</u>	
Person				Person			
<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input checked="" type="checkbox"/> Other	<u>President</u>	<input type="checkbox"/> Other	
<hr/>				<hr/>			
<input type="checkbox"/> Manager	Name:	<u>Norma Castillo</u>		<input type="checkbox"/> Manager	Name:	<u>Dora Somma</u>	
<input type="checkbox"/> Member	Address:	<u>2 Alhambra Plaza, Suite 1040</u>		<input type="checkbox"/> Member	Address:	<u>2 Alhambra Plaza, Suite 1040</u>	
<input type="checkbox"/> Authorized		<u>Coral Gables, FL 33134</u>		<input type="checkbox"/> Authorized		<u>Coral Gables, FL 33134</u>	
Person				Person			
<input checked="" type="checkbox"/> Other	<u>VP/S</u>	<input type="checkbox"/> Other		<input checked="" type="checkbox"/> Other	<u>VP/T</u>	<input type="checkbox"/> Other	
<hr/>				<hr/>			
<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

Richard L. Kohan, Authorized Person

Typed or printed name of signer

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MBA-HH, 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 ELEVENTH DAY OF JANUARY, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MBA-HH, LLC" WAS
~~FORMED ON THE SECOND DAY OF AUGUST, A.D. 2017.~~

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




Jeffrey W. Bullock, Secretary of State

6499326 8300

SR# 20240099292

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 202576434

Date: 01-11-24