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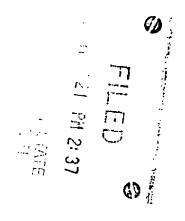
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T. LEMIEUX

JUN - 8 2024

COVER LETTER				
TO: Registration Section Division of Corpor	n ations			
SUBJECT: MIX, ELC				
	Name	e of Limited Liability Company		
The enclosed "Application by Existence, and check are sub-	Foreign Limited Liability (mitted to register the above t	Company for Authorization to Transact Business in Florida," Certificate of referenced foreign limited liability company to transact business in Florida.		
Please return all corresponder	nce concerning this matter to	the following:		
VALERIE	AMAYA			
-,		Name of Person		
MATHISO	N WHITTLES LLP			
		Firm/Company		
5606 PGA	BLVD, SUITE 211			
		Address		
PALM BEA	ACH GARDENS, FL 33418			
	Cir	ty/State and Zip Code		
VAMAYA@	MATHISONWHITTLES.C	ом		
 _	E-mail address; (to be	used for future annual report notification)		
For further information concer	ning this matter, please call	: :		
VALERIE AMAYA		561 6242001		
Nan	ne of Contact Person	at () Area Code Daytime Telephone Number		
Mailing Address: Registration Section Division of Corpo P.O. Box 6327 Tallahassee, FL 32	rations	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810		
rananassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassec, FL 32303		

Enclosed is a check for the following amount:

Please make check payable to: FLORIDA DEPARTMENT OF STATE

\$\int_{\text{S125}} \text{100} \text{Filing Fee} \quad \quad \text{Filing Fee} \quad \quad \quad \quad \text{Filing Fee} \quad \quad \quad \quad \quad \quad \quad \quad \quad \

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

IN COMPLIANCE WITH SECTION 605,0902, FLORIDA STATUTIES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANYTOTRANSACT BUSINESS IN THE STATE OF FLORIDA: MIX, 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,") VIRGINIA, USA (Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable) (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 330 SOUTH FOURTH STREET 330 SOUTH FOURTH STREET 5. (Street Address of Principal Office) (Mailing Address) RICHMOND, VA 23219 RICHMOND, VA 23219 USA USA 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) MATHISON WHITTLES LLP Name: 5606 PGA BLVD., SUITE 211 Office Address: PALM BEACH GARDENS , Florida (City) 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

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:
■Manager	Name: WILLIAM M GOTTWALD	■Manager	Name:
□Member	Address: 330 SOUTH FOURTH ST	□Member	Address: 330 SOUTH FOURTH ST
□Authorized	RICHMOND, VA 23219	□Authorized	RICHMOND, VA 23219
Person		Person	
□Other	Other	□Other	□Other
■Manager	JOHN D GOTTWALD Name:	□Manager	Name: MAGGIE A CAUTHORN
□Member	Address:	□Member	Address:
□Authorized	RICHMOND, VA 23219	■Authorized	RICHMOND, VA 23219
Person		Person	ADMINISTATIVE OFFICER
□Other	□Other	□Other	
□Manager	Name:	□Manager	Name:
□Member	Address:	□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. 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.

Maggie a Cauthour
Signature of an authorized person

MACCIE A CAUTHORN, ADMINISTRATIVE OPPICED

Commonwealth of Hirginia



State Corporation Commission

CERTIFICATE OF FACT

I Certify the Following from the Records of the Commission:

That Mix, LLC is duly organized as a Limited Liability Company under the law of the Commonwealth of Virginia;

That the Limited Liability Company was formed on February 9, 2018; and

That the Limited Liability Company is in existence in the Commonwealth of Virginia as of the date set forth below.

Nothing more is hereby certified.



Signed and Sealed at Richmond on this Date:

May 15, 2024

Bernard J. Logan, Clerk of the Commission