

M24000007506

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

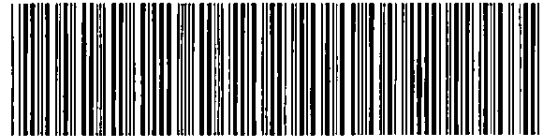
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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2024 JUN 12 PM 3:12

CLERK OF STATE  
TALLAHASSEE, FLORIDA

2024 JUN 12 PM 3:12

JUN 12 2024

K. Brumbley

FLORIDA CAPITAL COURIER SERVICES, INC  
2330 CLARE DRIVE  
TALLAHASSEE, FL 32309  
(850) 524-5437  
(850) 524-6243

PLEASE USE FUNDS FROM THIS ACCOUNT: I20210000160: \$125.00

Authorization Signature : *Susan Flo*

Mercury Distribution, LLC

BUSINESS ( Name)

Document #

☐ Walk in

☐ Pick up time         

☐ Mail out

☐ Will wait

☐ Photocopy

☐ **Certified Copy**

☐ **Certificate of Status**

**NEW FILINGS**

☐ Profit

☐ Not for Profit

☐ Limited Liability

☐ Domestication

☐ CORP

☐ LLLP

☐ INC

**AMMENDMENTS**

☐ Amendment

☐ Resignation of Officer/Director

☐ Change of Registered Agent

☐ Dissolution/Withdrawal

☐ Merger

☐ Conversion

**OTHER FILINGS**

☐ Annual Report

☐ Fictitious Name

☐ APOSTIL ( )                       
Country

**REGISTRATION/QUALIFICATIONS**

☒ Foreign Filing

☐ Limited Partnership

☐ Dissolution/\_Reinstatement/Revocation

☐ Trademark

☐ STATEMENT OF SUTHORITY

**EXAMINER'S INITIALS:**

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: MERCURY DISTRIBUTION, LLC

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Sandra Z. Green, Esq.

\_\_\_\_\_  
Name of Person

JONATHAN H. GREEN & ASSOCIATES, P.A.

\_\_\_\_\_  
Firm/Company

901 Ponce de Leon Boulevard, Suite 601

\_\_\_\_\_  
Address

Coral Gables, Florida 33134

\_\_\_\_\_  
City-State and Zip Code

szg@jhgllaw.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sandra Z. Green, Esq.

305

372-5100

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Contact Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Mailing Address:

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Street Address:

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☒ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &  
Certificate of Status

☐ \$155.00 Filing Fee &  
Certified Copy

☐ \$160.00 Filing Fee, Certificate  
of Status & Certified Copy

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. MERCURY DISTRIBUTION, 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. NEW MEXICO 3. 85-1601160  
(Jurisdiction under the law of which foreign limited liability company is organized) (TIN number, if applicable)

4. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration)  
(See sections 605.09031 & 605.09035, F.S. to determine penalty liability.)

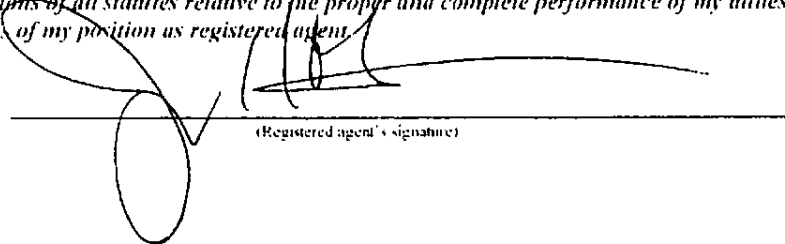
5. 382 NE 191 STREET SUITE 31904 6. 382 NE 191 STREET SUITE 31904  
(Street Address of Principal Office) (Mailing Address)  
MIAMI, FL 33179 MIAMI, FL 33179

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

Name: JONATHAN H. GREEN & ASSOCIATES, P.A.  
Office Address: 901 Ponce de Leon Boulevard, Suite 601  
Coral Gables, Florida 33134  
(City) (Zip code)

2024 JUN 12 PM 6:46

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 obligation of my position as registered agent.

  
(Registered agent's signature)

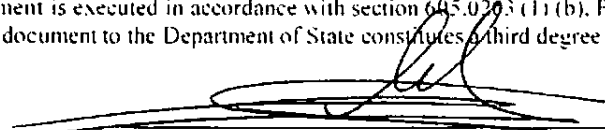
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<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>Sandra Z. Green, Esq.</u>	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: <u>382 NE 191 STREET</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	<u>SUITE 31904</u>	<input type="checkbox"/> Authorized	_____
Person	<u>MIAMI, FL 33179</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 _____
<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.

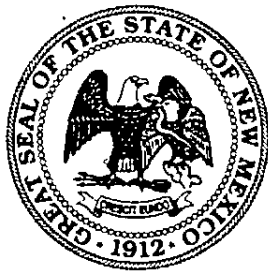
9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. This document is executed in accordance with section 685.023 (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

SANDRA Z. GREEN, ESQ.

\_\_\_\_\_  
 Typed or printed name of signee



STATE OF NEW MEXICO  
**MAGGIE TOULOUSE OLIVER**  
SECRETARY OF STATE

### *Certificate of Good Standing and Compliance*

IT IS HEREBY CERTIFIED THAT:

**Mercury Distribution, LLC**  
**6121055**

the above named entity, a Company organized under the laws of New Mexico, is duly authorized to transact business in New Mexico as a Domestic Limited Liability Company, under the

**Limited Liability Company Act**

**53-19-1 to 53-19-74 NMSA 1978**

having filed its Articles of Organization on March 18, 2020, and Certificate of Organization issued as of said date.

It is further certified that the fees due to the Office of the Secretary of State which have been assessed against the above named entity have been paid to date and the entity is in good standing and duly authorized to transact business as its existence has not been revoked in New Mexico. This certificate is not to be construed as an endorsement, recommendation, or notice of approval of the entity's financial condition or business activities and practices.

Certificate Issued: **June 12, 2024**

**In testimony whereof, the Office of the Secretary of State has caused this certificate to be signed on this day in the City of Santa Fe, and the seal of said office to be affixed hereto.**



*Maggie Toulouse Oliver*

**Maggie Toulouse Oliver**  
Secretary of State

**Certificate Validation #: 0091041**

A certificate issued electronically from the New Mexico Secretary of State's office is immediately valid and effective. The validity of a certificate may be established by viewing the **Certificate Validation** option on the Business Filing System at <https://portal.sos.state.nm.us/bfs/online> and following the instructions displayed under **Certificate Validation**.



STATE OF NEW MEXICO

**MAGGIE TOULOUSE OLIVER**

SECRETARY OF STATE

June 12, 2024

**Business ID #:** 6121055

**Entity Name:** Mercury Distribution, LLC

**Filing History**

Instrument Number: **6121055**  
Filed Date: **03/18/2020**  
Instrument Type: **Business Formation**  
Instrument Text:

Instrument Number: **6121055**  
Filed Date: **06/02/2022**  
Instrument Type: **LLC Address Change**  
Instrument Text: