

M24 000007875

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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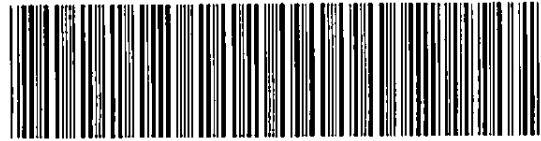
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL 32301

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

LMM ASSETS LLC

Please Debit FCA000000003 For: 125

Thank you Seth Neeley



____ Art of Inc. File _____
____ LTD Partnership File _____
____ Foreign Corp. File _____
____ L.C. File _____
____ Fictitious Name File _____
____ Trade/Service Mark _____
____ Merger File _____
____ Art. of Amend. File _____
____ RA Resignation _____
____ Dissolution / Withdrawal _____
____ Annual Report / Reinstatement _____
____ Cert. Copy _____
____ Photo Copy _____
____ Certificate of Good Standing _____
____ Certificate of Status _____
____ Certificate of Fictitious Name _____
____ Corp Record Search _____
____ Officer Search _____
____ Fictitious Search _____
____ Fictitious Owner Search _____
____ Vehicle Search _____
____ Driving Record _____
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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: LMM ASSETS 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:

MARCUS SEGNINI

Name of Person

PS KIS LLC

Firm/Company

5401 S KIRKMAN RD SUITE 560

Address

ORLANDO, FL 32819

City/State and Zip Code

CONTACT@KISCONSULT.COM

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

For further information concerning this matter, please call:

MARCUS SEGNINI

407 707-4914
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. LMM ASSETS 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. GEORGIA
(Jurisdiction under the law of which foreign limited liability company is organized)

3. _____
(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. 5401 S KIRKMAN RD SUITE 560
(Street Address of Principal Office)

6. 5401 S KIRKMAN RD SUITE 560
(Mailing Address)

ORLANDO, FL 32819

ORLANDO, FL 32819

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

Name: PS KIS LLC

Office Address: 5401 S KIRKMAN RD SUITE 560

ORLANDO, FL 32819
(City) Florida (Zip code)

NOT STATE
INFLUENCE, FL

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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.

MARCUS LETTAO SEGNIKI

(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 type="checkbox"/> Manager	Name: <u>Lidiane Mendonca Monteiro</u>	<input type="checkbox"/> Manager	Name: _____
<input checked="" type="checkbox"/> Member	Address: <u>5401 S KIRKMAN RD</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	<u>SUITE 560 ORLANDO, FL 32819</u>	<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 _____
 <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.

Lidiane Mendonca Monteiro

Signature of an authorized person

Lidiane Mendonca Monteiro

Typed or printed name of signee

STATE OF GEORGIA

Secretary of State

Corporations Division

313 West Tower

2 Martin Luther King, Jr. Dr.

Atlanta, Georgia 30334-1530

CERTIFICATE OF REINSTATEMENT

I, **Brad Raffensperger**, the Secretary of State and the Corporation Commissioner of the State of Georgia, hereby certify under the seal of my office that

LMM ASSETS LLC

a Domestic Limited Liability Company

was formed on 01/23/2019, and later administratively dissolved on 10/22/2020. Said entity has filed an application for reinstatement and has paid all fees and penalties due to the Secretary of State. Attached hereto is a true and correct copy of said application.

WHEREFORE, said entity is hereby reinstated as of 06/10/2024, having met the requirements for reinstatement under Title 14 of the Official Code of Georgia Annotated. The reinstatement shall relate back to and take effect as of the date of the administrative dissolution and the entity may resume its business as if the administrative dissolution had never occurred.

WITNESS my hand and official seal in the City of Atlanta
and the State of Georgia on **06/17/2024**.



Brad Raffensperger

Brad Raffensperger
Secretary of State

STATE OF GEORGIA

Secretary of State

Corporations Division

313 West Tower

2 Martin Luther King, Jr. Dr.

Atlanta, Georgia 30334-1530

Application for Reinstatement

Electronically Filed

Secretary of State

Filing Date: 6/10/2024 12:32:21 PM

BUSINESS INFORMATION

BUSINESS NAME : LMM ASSETS LLC
CONTROL NUMBER : 19025940
BUSINESS TYPE : Domestic Limited Liability Company
ADMINISTRATIVE DISSOLUTION DATE : 10/22/2020

Ground(s) for the administrative dissolution either did not exist or have been eliminated. All taxes owed by the entity have been paid.

ADDRESS AND REGISTERED AGENT AT TIME OF ADMINISTRATIVE DISSOLUTION

PRINCIPAL OFFICE ADDRESS : 321 Indian Trl, Marietta, GA, 30068, USA
REGISTERED AGENT NAME : Lidiane Mendonca Monteiro
REGISTERED OFFICE ADDRESS : 321 Indian Trl, Marietta, GA, 30068, USA
REGISTERED OFFICE COUNTY : Cobb

UPDATES TO ADDRESS AND REGISTERED AGENT

PRINCIPAL OFFICE ADDRESS : 321 Indian Trl, Marietta, GA, 30068, USA
REGISTERED AGENT NAME : Lidiane Mendonca Monteiro
REGISTERED OFFICE ADDRESS : 321 Indian Trl, Marietta, GA, 30068, USA
REGISTERED OFFICE COUNTY : Cobb

AUTHORIZER INFORMATION

AUTHORIZER SIGNATURE : Lidiane Mendonca Monteiro
AUTHORIZER TITLE : Registered Agent