

M24 000012520

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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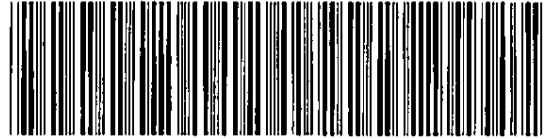
(Business Entity Name)

(Document Number)

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FOREIGN LLC

1. MDP LLC

(CORPORATE NAME AND DOCUMENT #)

2.

(CORPORATE NAME AND DOCUMENT #)

3.

(CORPORATE NAME AND DOCUMENT #)

4.

(CORPORATE NAME AND DOCUMENT #)

5.

(CORPORATE NAME AND DOCUMENT #)

6.

(CORPORATE NAME AND DOCUMENT #)

**SPECIAL INSTRUCTIONS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

MDP 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:

Irina Roth Neumann, Esq.

Name of Person

Roth Private Advising Law

Firm/Company

1000 Brickell Ave., Suite 1100

Address

Miami, FL 33131

City/State and Zip Code

irina@rothpalaw.com

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

For further information concerning this matter, please call:

Irina Roth Neumann, Esq.

305

798-8878

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. MDP LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

MDP FL2024 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 35-2767215  
(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. 210 seaview drive apt 501 210 seaview drive apt 501  
(Street Address of Principal Office) (Mailing Address)

Key Biscayne Fl. 33149 Key Biscayne Fl. 33149

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

Name: CR0506 Advisers LLC

Office Address: 12358 Bucks Harbor Dr S

Jacksonville 32225  
(City) Florida (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.

Claudia A Romero

(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: Sebastian Verzino	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: 210 seaview drive apt 501	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	Key Biscayne Fl. 33149	<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.

  
\_\_\_\_\_  
Signature of an authorized person

Sebastian Verzino  
\_\_\_\_\_  
Typed or printed name of signer











# MDP

Final Audit Report

2024-09-30

Created:	2024-09-30
By:	Roth Private Advising Law (adobesign@rothpalaw.com)
Status:	Signed
Transaction ID:	CBJCHBCAABAAm2qdgRBXSBGa2eEv3xyBg3WQCO1olxiw

## "MDP" History

-  Document created by Roth Private Advising Law (adobesign@rothpalaw.com)  
2024-09-30 - 10:46:34 PM GMT- IP address: 201.208.110.32
-  Document emailed to info@cr0506advisers.com for signature  
2024-09-30 - 10:47:03 PM GMT
-  Document emailed to sebastian@supercarmiamigroup.com for signature  
2024-09-30 - 10:47:03 PM GMT
-  Email viewed by info@cr0506advisers.com  
2024-09-30 - 10:54:44 PM GMT- IP address: 74.125.210.166
-  Signer info@cr0506advisers.com entered name at signing as Claudia A Romero  
2024-09-30 - 10:55:03 PM GMT- IP address: 172.59.68.248
-  Document e-signed by Claudia A Romero (info@cr0506advisers.com)  
Signature Date: 2024-09-30 - 10:55:05 PM GMT - Time Source: server- IP address: 172.59.68.248
-  Email viewed by sebastian@supercarmiamigroup.com  
2024-09-30 - 11:15:53 PM GMT- IP address: 96.87.163.122
-  Signer sebastian@supercarmiamigroup.com entered name at signing as verzino sebastian  
2024-09-30 - 11:16:16 PM GMT- IP address: 96.87.163.122
-  Document e-signed by verzino sebastian (sebastian@supercarmiamigroup.com)  
Signature Date: 2024-09-30 - 11:16:18 PM GMT - Time Source: server- IP address: 96.87.163.122
-  Agreement completed.  
2024-09-30 - 11:16:18 PM GMT



# Delaware

The First State

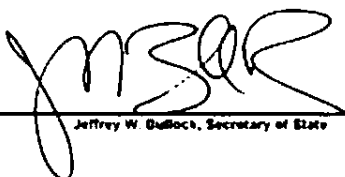
Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MDP 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 TWENTY-SIXTH DAY OF SEPTEMBER, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MDP LLC" WAS FORMED ON THE NINETEENTH DAY OF MAY, A.D. 2022.

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



  
Jeffrey W. Bullock, Secretary of State

6808985 8300

SR# 20243801747

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

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