M24000013652

(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					



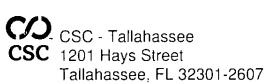


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Tallahassee, FL 32301-2607 850-558-1500, Ext: x61563

To: Department Of State, Division Of Corporations

From: Shauna Godbolt

Ext: x61563 Date: 10/23/24 Order #: 1659184-1

Re: MFJF Salt Lake 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: \$125.0 - FL State Account Number:

Secondary.

12000000195

Please take the following action:

File in your office on basis Issue Proof of Filing

Special Instructions:

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

COVER LETTER

	Registration Section Division of Corporations					
SUBJEC	MFJF SALT LAKE LLC T:					
Name of Limited Liability Company						
		by Company for Authorization to Transact Business in Florida," Certificate of we referenced foreign limited liability company to transact business in Florida.				
Please ret	urn all correspondence concerning this matte	r to the following:				
	Galyna Aginsky					
Name of Person						
c/o RD Management LLC						
	Firm/Company					
	810 Seventh Avenue, 10th FLoor					
	Administrative ex-	Address				
	New York, NY 10019					
	City/State and Zip Code					
	gaginsky@rdmanagement.com					
	·	be used for future annual report notification)				
For furthe	r information concerning this matter, please	call:				
Galyna Agisnky		212 2656600, ext 452 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 \$\Boxed{\subseteq}\$\$ \$\$125.00 \text{ Filing Fee}\$\$\$ \$\$\overline{\subseteq}\$\$\$\$\$ \$\$130.00 \text{ Filing Fee} & \Boxed{\subseteq}\$						

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:

I. MFJF SALT LAKE LI		· () · · · · · · · · · · · · · · · · ·		
(Name of Foreign	Limited Liability Company; must include "Limite	d Liabilit	y Company," "L.L.C., "or "LLC.")	
(If name unavailable, enter alternate	name adopted for the purpose of transacting business in F	lorida. The	alternate name must include "Limited Liability Corr	npany," "L.L.C," or "LLC.")
Utah 2. (Jurisdiction under the law of which foreign limited liability company is organized)		3.	8170119-0160 (FEI number, if applie	
(Attrispiction finder the law of w	nich foteign timited flability company is organized)	(FEI number, if applicable)		
n/a 4.				
	(Date first transacted business in Florida, if prior to (See sections 605.0904 & 605.0905, F.S. to determ	registratio ine penalty	n.) liability)	
c/o RD Management L 5.	LC	6.	c/o RD Management LLC	
(Street Address of Principal Office)			(Mailing Address)	
810 Seventh Avenue, 1	Oth Floor		810 Seventh Avenue, 10th Floor	<u>. </u>
New York, NY 10019			New York, NY 10019	
7. Name and street addres	s of Florida registered agent: (P.O. Box	NOT:	acceptable)	22710
Name:	Corporation Service Con	nfon	<u>4</u>	??
Office Address:	1201 Hays Street			·
	Tallahassee		32301 , Florida	12: 59
	(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.



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: Title or Capacity: Name and Address: Name and Address: Richard Birdoff Name: Name: _____ ■ Manager □Manager c/o RD Management LLC □Member ☐ Member Address: 810 Seventh Avenue, 10th Floor □ Authorized ☐ Authorized New York, NY 10019 Person Person Other____ □Other_____ □Other_____ Other____ Name: _____ □Manager □Manager ☐ Member Address: □Member Address: Authorized □ Authorized Person Person Other____ □Other_____ Other____ Other____ Name: _____ □Manager ☐ Manager □Member □Member Address: 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. Nonindexed 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

Typed or printed name of signee

OLINE 40000

Richard Birdoff



Utah Department of Commerce

Division of Corporations & Commercial Code

160 East 300 South, 2nd Floor, PO Box 146705 Salt Lake City, UT 84114-6705 Service Center: (801) 530-4849

Toll Free: (877) 526-3994 Utah Residents

Fax: (801) 530-6438

Web Site: http://www.commerce.utah.gov

October 21, 2024

CERTIFICATE OF EXISTENCE

Registration Number: 8170119-0160

Business Name: MFJF SALT LAKE LLC

Principal Office Address: 410 S 900 E, SALT LAKE CITY, UT 84102

Registered Date: DECEMBER 19, 2011 Entity Type: LLC - DOMESTIC

Current Status: CURRENT

The Division of Corporations and Commercial Code of the State of Utah, custodian of the records of business registrations, certifies that the business entity on this certificate is authorized to transact business and was duly registered under the laws of the State of Utah. The Division also certifies that this entity has paid all fees and penalties owed to this state; its most recent annual report has been filed by the Division unless the status above is delinquent; and, that Articles of Dissolution have not been filed.

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Adam Watson

Director

Division of Corporations and Commercial Code

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