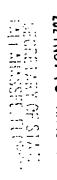
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(Address)	—
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(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	_
(Document Number)	
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Special Instructions to Filing Officer:	
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W4 000150135	



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APPROVEU AND FILED

Office Use Only

NS

(19) 1 8 2024 K. Brumbie)



November 6, 2024

TOM SLAUGHTER 5085 NE 17TH STREET DES MOINES, IA 50313 US

SUBJECT: MITTERA MEMORABILIA, LLC

Ref. Number: W24000150135

We have received your document for MITTERA MEMORABILIA, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Therefore, the limited liability company must select an alternate name for use in the state of Florida.

Please insert the alternate name in the space provided on the application form.

The alternate name must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC". The abbreviations "Ltd." and "Co.", also are no longer acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Corey Pettway Regulatory Specialist II

Letter Number: 024A00024383

MITTERA 5085 NE 17th St. Des Moines, Iowa 50313 515.343.5359



November 8, 2024

Division of Corporations Registration Section PO Box 6327 Tallahassee, FL 32314

Re: Mittera Memorabilia, LLC

To whom it may concern,

On October 1, 2024, Mittera Memorabilia, LLC filed its application for a Florida limited liability company. On October 8, 2024, Mittera received notification that its filing was accepted as document number L24000432735. It was at this time Mittera realized its error that Mittera Memorabilia should have been filed as a foreign limited liability company as it is an lowa entity. A dissolution was filed and accepted on October 15, 2024.

Also on October 15, 2024, Mittera mailed its corrected application for its foreign limited liability company registration. We were notified on November 6, 2024 that our name could not be accepted due to the previous incorrect filing having the same name. Please accept this as formal notice that the dissolved Mittera Memorabilia, LLC, document number L24000432735, will not revoke its dissolution and request that the new Mittera Memorabilia, LLC, document number W24000150135, have full rights to the company name.

I have re-attached our application and corresponding check.

Please contact me should you have any questions at 515-229-0009 or legal@mittera.com.

Sincerely

ALEXANDRIA LUNDQUIST
F. Commission Number 793817
My Commission Expires
January 4, 2025

Tom Slaughter, Chief Legal Officer

## COVER LETTER

TO:

Registration Section

Div	ision of Corporation	15							
SUBJECT:	Mittera Memorabilia, LLC								
SOBSECT.	Name of Limited Liability Company								
		eign Limited Liability Comp d to register the above refere							
Please return	all correspondence o	oncerning this matter to the	following:						
	Tom Slaughter								
		Ni	ame of Person						
	Mittera Memor	abilia, LLC							
Firm/Company									
5085 NE 17th Street									
			Address		<del></del>				
	Des Moines, IA 50313								
		City/S	tate and Zip Code						
	legal@mittera.co	m							
		E-mail address: (to be used	l for future annual	report not	ification)				
For further in	nformation concerning	g this matter, please call:							
Tor	n Slaughter		515 at (	229-00	09				
·	Name o	f Contact Person	Area Code	Day	time Telephone Number				
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314			STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301						
	check for the follow 125.00 Filing Fee	ing amount:  \$\Bigsire \text{S} \tag{20,00 Filing Fec & Certificate of Status}\$	□ \$155.00 Filir Certified Copy	ng Fee &	☐ \$160.00 Filing Fee, Co of Status & Certified Cop				

## 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:

(Surest Address of Florida registered agent (P.O. Box NOT acceptable)  Name: Address of Florida registered agent and to accept service of process for the above stated limited liability company at the place designated in this application. It hereby accept the applications of my position as registered agent a service of a process for the above stated limited liability company at the place designated in this application. It hereby accept the applications of my position as registered agent accept the applications of my position as registered agent. It hereby accept the applications of my position as registered agent. It has applications of my position as registered agent. It has a policial to the proper and complete performance of my duties, and I um familiar with an accept the ability attents. It has a policial to the proper and complete performance of my duties, and I um familiar with an accept the ability attents. It has a policial to the proper and complete performance of my duties, and I um familiar with an accept the ability attents. It is a policial to the proper and complete performance of my duties, and I um familiar with an accept the ability attents. It is a policial to the proper and complete performance of my duties, and I um familiar with an accept the ability attents.  [Not True, CEO. 5085 NE 17th St. Des Moi.nes.] IA 50313  Tom Shaughter. Chief Legal Officer. 5085 NE 17th St. Des Moi.nes. I an aware that any false information submitted in a document to the Department of State constitutes a third degree februy as provided for in s.817.155, E.S.  Tom Shaughter.  This	Mittera Memorabilia, L	.LC										
John	(Name of Forc	ign Limited Lia	bility Compar	ıy; must ii	nclude "Lir	nited Lia	bility Con	npany," "L.1.	.C., or	LLC.")		
Oursideson under the law of which foreign limited liability company is organized:  (Date first transacted business in Florida, if prior to registration.)  (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)  [See sections 605.0904 & 605.0905, F.S. to determine penalty liability)  [See sections 605.0904 & 605.0905, F.S. to determine penalty liability)  [See Sections 605.0904 & 605.0905, F.S. to determine penalty liability)  [See Sections 605.0904 & 605.0905, F.S. to determine penalty liability)  [See Sections 605.0904 & 605.0905, F.S. to determine penalty liability)  [See Sections 605.0904 & 605.0905, F.S. to determine penalty liability)  [See Sections 605.0904 & 605.0905, F.S. to determine penalty liability)  [See Sections 605.0904 & 605.0905, F.S. to determine penalty liability)  [See Sections 605.0904 & 605.0905, F.S. to determine penalty liability)  [Mailing Address]  [Name and street address of Florida registered agent. (P.O. Box NOT acceptable)  [Name: Corporation Service Company  [Office Address.]  [Talshasse			opted for the p	purpose o	f transactin	g busine:	s in Flori	da. The alter	nate nam	e must inch	ude "l	imited.
Office Address:    Corporation Service Company   Corporation   Corporati		or "LLC.")				=03						
(City)  Registered agent's acceptance:  Tallahasse  (City)  (City)  (City)  (City)  Registered agent and arrect address of Principal Office)  Registered agent's registered users and to accept the appointment as registered users and united in this capacity. I further agree to complywith the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with a recept the abhiguitans of my position as registered users described.  (Registered agent's scanner of my duties, and I am familiar with a recept the abhiguitans of my position as registered users due to the proper and complete performance of my duties, and I am familiar with a recept the abhiguitans of my position as registered users and address of the person(s) who has have authority to manage is/are:  Jon Troen, CEO, 5085 NE, 17th St., Des Moi Nes, IA, 50313  Tom Slaughter, Chief Legal Officer  Signature of an authorized person  Tom Slaughter of the secured 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 label degree felony as provided for in s.817,155, F.S.  Tom Slaughter Chief Logal Officer of the confidence of the confidence of the authorized person  This document to the Department of State constitutes a third degree felony as provided for in s.817,155, F.S.	2. Iowa	<del>-, , , , , , . ,</del>			3. 33-1.	263793	(13131	<del></del>				<del></del>
(City)  Registered agent's acceptance:  Talkahasse  Talkahasse  Talkahasse  (City)  Registered agent and to accept service of process for the above stated limited liability company at the place to complying the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with an except the obligations of my position as registered agent.  St. Des Moines, 1A 50313  (Nailing Address)  Name:  Corporation Service Company  (City)  (Ci	company is organized)	of which foreign	i hmited liabi	lity			(FEI n	umber, if app	olicable)			
Surrise, FL 33326  Soss NE 17th Street  Des Moines, IA 50313  (Maifing Address)  7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name: Corporation Service Company  1201 Hays Street  Tallahasse  (City)  (	4. <u>10/13/2024</u>	(Dara f	est transparad	hardanı	la liberida	it'neior to		an )				
Sunrise, FL 33326  (Suret Address of Principal Office)  Des Moines. IA 50313  (Mailing Address)  7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name: Corporation Service Company  1201 Hays Street  Tallahasse (City)  (City)  Registered agent's acceptance: (Idving 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 complywith the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with an accept the obligations of my position as registered agent.  Set Lee Nickel  (Registered agent's signature)  8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:  Jon Troen, CEO 5085 NE 17th St. Des Moines, IA 50313  Tom Slaughter, Chief Legal Officer 5085 NE 17th St. Des Moines, IA 50313  O. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the unsafiction 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)  Signature of an authorized person  Phis document is executed in accordance with section 605.0203 (1) (b). Florida Statutes, I am aware that any false information authonited in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.  Tom Slaughter		(See section	ons 605.0904	& 605.090	05, F.S. to	determin	e penalty l	iability)				
(Street Address of Principal Office)  Des Moines. IA 50313  (Mailing Address)  7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name: Corporation Service Company  Office Address: Tallahasse  (City)  (City)  (City)  (Cip ode)  Registered agent's acceptance: (City)  (Cip ode)  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 complywith the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with an accept the obligations of my position as registered agent.  (Registered agent's signature)  8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:  Jon Troen, CEO 5085 NE 17th St. Des Moines, IA 50313  Tom Slaughter, Chief Legal Officer 5085 NE 17th St. Des Moines, IA 50313  O. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the unisdiction 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)  Fins document is executed in accordance with section 605.0203 (1) (b). Florida Statutes. I am aware that any false information authinited in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, E.S.  Tom Slaughter	5. 15431 SW 14th Street											
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Corporation Service Company	5085 NE 17th Street									511	2	
Name: Corporation Service Company  Office Address:     1201 Hays Street   1201 Hays Stree											) Z	75
Name: Corporation Service Company    1201 Hays Street   1201 Hays Stre	Des Moines, IA 50313			*1* * 1						프롤	2	
Name: Corporation Service Company    1201 Hays Street   1201 Hays Stre			(M:	ailing Ade	fress)						_	产工艺
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## IOWA SECRETARY OF STATE PAUL D. PATE



#### CERTIFICATE OF EXISTENCE

Issue Date: 10/15/2024

Name: MITTERA MEMORABILIA, LLC (489DLC - 803263)

Date of Formation: 10/1/2024 Duration: PERPETUAL

I. Paul D. Pate, Secretary of State of the State of Iowa, custodian of the records of incorporations, certify the following for the limited liability company named on this certificate:

- a. The entity is in existence and duly formed under the laws of lowa. A certificate of organization has been filed and has taken effect.
- All fees, taxes and penalties required under the Revised Uniform Limited Liability Company Act and other laws due the Secretary of State have been paid.
- c. The most recent biennial report required has been filed with the Secretary of State.
- d. The Secretary of State has not administratively dissolved the limited liability company.
- e. The Secretary of State has not filed either a statement of dissolution or statement of termination. The records of the Secretary of State do not otherwise reflect that the limited liability company has been dissolved or terminated.
- f. A proceeding is not pending under section 489,705

Certificate ID: CS294569

To validate certificates visit: sos.iowa.gov/ValidateCertificate

Paul D. Pate, Iowa Secretary of State