

Q14000000064

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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14 JUN 13 PM 4:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. Bush JUN 13 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: M9 Trust Agreement
(Name of Alien Business Organization)

Dear Sir or Madam:

The enclosed Designation of Registered Agent and Registered Office for Alien Business Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Sarah Spangler

(Name of Person)

Zimmerman & Associates

(Firm/Company)

2400 E. Commercial Blvd. Suite 820

(Address)

Fort Lauderdale, FL 33308

(City/State and Zip Code)

For further information concerning this matter, please call:

Sarah Spangler at (954) 202-7440
(Name of Person) (Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

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

Enclosed is a check for the following amount:

☒ \$35.00 Filing Fee

☐ \$43.75 Filing Fee & Certified Copy



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 5, 2014

SARAH SPANGLER
2400 E COMMERCIAL BLVD STE 820
FORT LAUDERDALE, FL 33308

SUBJECT: MP TRUST AGREEMENT
Ref. Number: W14000028125

We have received your document for MP TRUST AGREEMENT and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Document must be signed by a chairman, vice chairman or officer.

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.

Tim Burch
Regulatory Specialist II

Letter Number: 614A00009488

**DESIGNATION OF REGISTERED AGENT AND REGISTERED OFFICE FOR
ALIEN BUSINESS ORGANIZATION**

PURSUANT TO SECTION 607.0505, FLORIDA STATUTES, THE UNDERSIGNED ALIEN BUSINESS ORGANIZATION SUBMITS THE FOLLOWING STATEMENT IN ORDER TO DESIGNATE ITS REGISTERED AGENT AND REGISTERED OFFICE IN THE STATE OF FLORIDA:

1. M9 Trust Agreement
(Name of alien business organization)

2. Florida 3. n/a
(State or country under which entity is organized) (FEI Number, if applicable)

4. 3262 NE 211th Terrace, Aventura, FL 33180
(Principal office address)

5. Name and Florida Street address of registered agent.

Florian Hafa
3262 NE 211th Terrace
Aventura, FL 33180

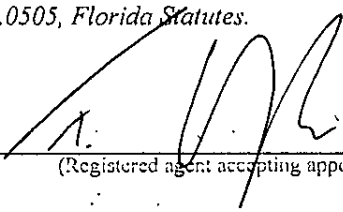
6. The street address of the registered office and the street address of the business office of the registered agent are identical.

7. 
(Signature of chairman, vice chairman, or officer)

8. Florian Hafa, Trustee
(Name and capacity of person signing in number 7 above)

9. Signature of registered agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of section 607.0505, Florida Statutes.

 March 28, 2014
(Registered agent accepting appointment) (Date)

THE FILING OF THIS ALIEN BUSINESS ORGANIZATION FORM WITH THE FLORIDA DEPARTMENT OF STATE DOES NOT AUTHORIZE THE ABOVE REFERENCED ENTITY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

FILING FEE \$35

Make checks payable to Florida Department of State and mail to:
Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

FILED
14 JUN 13 PM 1:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA