

M2000007372

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

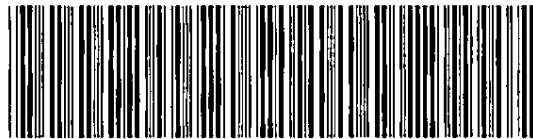
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2022 MAY 11 PM 1:04  
DIVISION OF STATE  
TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

T. LEMIEUX  
MAY 12 2022

# CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312  
850-656-4724

Date: 05/11/2022

Acc#I20160000072

*eric DW*

|             |                          |
|-------------|--------------------------|
| Name:       | LEMONADE MM ELLENTON LLC |
| Document #: |                          |
| Order #:    | 14323413                 |

|                                   |                          |                         |  |
|-----------------------------------|--------------------------|-------------------------|--|
| Certified Copy of Arts & Amend:   | <input type="checkbox"/> |                         |  |
| Plain Copy:                       | <input type="checkbox"/> |                         |  |
| Certificate of Good Standing:     | <input type="checkbox"/> |                         |  |
| Certified Copy of                 | <input type="checkbox"/> |                         |  |
| Apostille/Notarial Certification: | <input type="checkbox"/> | Country of Destination: |  |
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| Availability _____  |
| Document _____      |
| Examiner _____      |
| Updater _____       |
| Verifier _____      |
| W.P. Verifier _____ |
| Ref# _____          |

Amount: \$ 155.00

Thank you!

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. Lemonade MM Ellenton 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. Delaware
(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. 1000 Maine Avenue SW, Suite 300
(Street Address of Principal Office)
Washington, DC 20024

6. 1000 Maine Avenue SW, Suite 300
(Mailing Address)
Washington, DC 20024

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

Name: C T Corporation System
Office Address: 1200 South Pine Island Road
Plantation, Florida 33324
(City) (Zip code)

FILED
2022 MAY 11 PM 1:10
STATE OF FLORIDA

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.

Sandra ZwiJack
Sandra ZwiJack
Assistant Secretary
(Registered agent's signature)

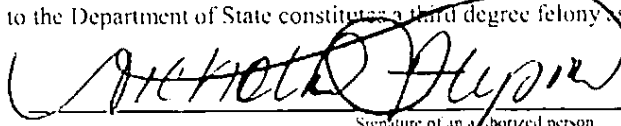
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

| <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>Lemonade MM Fund LLC</u>               | <input type="checkbox"/> Manager                      | Name: <u>Nichole Flippen</u>                    |
| <input checked="" type="checkbox"/> Member | Address: <u>1000 Maine Avenue SW</u>            | <input type="checkbox"/> Member                       | Address: <u>1000 Maine Avenue SW</u>            |
| <input type="checkbox"/> Authorized Person | <u>Suite 300</u><br><u>Washington, DC 20024</u> | <input checked="" type="checkbox"/> Authorized Person | <u>Suite 300</u><br><u>Washington, DC 20024</u> |
| <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 Person | _____                                           | <input type="checkbox"/> Authorized 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 Person | _____                                           | <input type="checkbox"/> Authorized 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

Nichole Flippen  
 \_\_\_\_\_  
 Typed or printed name of signer

# Delaware

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "LEMONADE MM ELLENTON 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 TENTH DAY OF MAY, A.D. 2022.

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



  
Jeffrey W. Bullock, Secretary of State

6705939 8300

SR# 20221903908

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

Authentication: 203395424

Date: 05-10-22