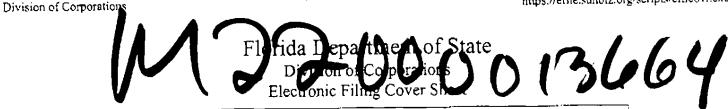
https://efile.sunbiz.org/scripts/efilcovr.exe



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(((H22000295974 3)))



H220002959743ABC7

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : BARRON & REDDING, P.A.

Account Number : 073617000710 Phone : (850)785-7454 Fax Number : (850)785-2999

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

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Foreign Limited Liability Company MLT HOLDINGS OF FLORIDA LLC

Certificate of Status	0
Certified Copy	0
Page Count	92 3
Estimated Charge	\$763.75

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Fax Audit No. H22000295974 3

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 RUSINESS IN THE STATE OF FLORIDA: (Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," or "LLC.") MLT HOLDINGS OF FLORIDA LLC (If name unavailable, open abstract name adopted for the purpose of transacting beatness in Florida. The alternate come must include "Limited Unbility Company," "L.L.C." or "LLC.") 85-1806769 **TENNESSEE** (Innudiction under the law of which foreign limited liability company a organized) AUGUST 2021 (Dete first transacted business in Florida, if prior to regularition.)
(See sections 605,0904 & 605,0903, F.S. to determine penalty liability) 817 S. CHANCERY STREET **817 S. CHANCERY STREET** 5. (Street Address of Frincipal Office) McMTNNVILLE, TN 37110 McMINNVILLE, TN 37110 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) BARRON & REDDING, P.A. Name: 220 McKENZIE AVE Office Address: PANAMA CITY 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.

Fax Audit No. H22000295974 3

itle or Capacity:		Title or Capacity:		Name and Address	
]Menager	Name: MICHAEL T, TRIVETT	□Manager	Name: LINDA TRIVETT		
■Member	Address: 817 S. CHANCERY ST	≅Member	Address: 817 S. CHANCERY ST		
□Authorized	McMINNVILLE, TN 37110	□Authorized	McMINNVILLE, TN 37110		
Person		Person		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Other	Other	Other		Other	
∃Manager	Name:	□Manager	Name:	2/12	
□Member	Address:	□Member	Address:	21	
□ Auth ori zed		□Authorized		ώ	
Person		Person	·	-0	
□ Other	☐Other	Other		□Other	
				12	
□Manager	Name:	□Manager	Name:		
□Member	Address:	☐ Member	Address:		
□Authorized					
Person		Person	<u></u>		
□Other		☐ Other	* * * * * * * * * * * * * * * * * * *	□Other	

Typed or printed name of signer



Division of Business Services Department of State

State of Tennessee 312 Rosa L. Parks AVE, 6th FL Nashville, TN 37243-1102

DOLORES DONOPRIA

Sccretary of State

P.O. BOX 2467

PANAMA CITY, FL 32402

August 26, 2022

Request Type: Certificate of Existence/Authorization

Request #:

0491892

Issuance Date: 08/26/2022

Copies Requested:

Document Receipt

Receipt #: 007467565

and the Court of t

Filing Fee:

\$20.00

Payment-Credit Card - State Payment Center - CC #: 3835086370

\$20.00

Regarding:

MLT HOLDINGS LLC

Filing Type:

Limited Liability Company - Domestic

Formation/Qualification Date: 07/08/2020

Status:

Active

Duration Term:

Perpetual

Business County: WARREN COUNTY

Perpetual

Control # :

1109787

07/08/2020

Formation Locale: TENNESSEE

Inactive Date:

Date Formed:

CERTIFICATE OF EXISTENCE

I. Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

MLT HOLDINGS LLC

* is a Limited Liability Company duly formed under the law of this State with a date of incorporation and duration as given above:

I;: 12

- * has paid all fees, interest, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business;
- * has filed the most recent annual report required with this office;
- * has appointed a registered agent and registered office in this State;
- * has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

Tre Hargett Secretary of State

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