

Form 1 Page 1 Execution Page	UNITED STATES SECURITIES AND EXCHANGE COMMISSION WASHINGTON, D.C. 20549 APPLICATION FOR, AND AMENDMENTS TO APPLICATION FOR, REGISTRATION AS A NATIONAL SECURITIES EXCHANGE OR EXEMPTION FROM REGISTRATION PURSUANT TO SECTION 5 OF THE EXCHANGE ACT	Date filed (MM/DD/YY): 11/29/24	OFFICIAL USE ONLY
<p>WARNING: Failure to keep this form current and to file accurate supplementary information on a timely basis, or the failure to keep accurate books and records or otherwise to comply with the provisions of law applying to the conduct of the applicant would violate the federal securities laws and may result in disciplinary, administrative, or criminal action.</p> <p style="text-align: center;">INTENTIONAL MISSTATEMENTS OR OMISSIONS OF FACTS MAY CONSTITUTE CRIMINAL VIOLATIONS</p>			
<div style="display: flex; justify-content: space-around;"><input type="checkbox"/> APPLICATION<input checked="" type="checkbox"/> AMENDMENT</div>			
<div style="text-align: center;"><u>MX2 LLC</u></div>			
1. State the name of the applicant:			
2. Provide the applicant's primary street address (Do not use a P.O. Box): <u>525 Washington Blvd., Suite 300, Jersey City, NJ 07310</u>			
3. Provide the applicant's mailing address (if different): <u>382 NE 191st Street, Suite 92178</u> <u>Miami, FL 33179</u>			
4. Provide the applicant's business telephone and facsimile number: <u>833-415-6300</u>			
<div style="display: flex; justify-content: space-between;">(Telephone)(Facsimile)</div>			
5. Provide the name, title, and telephone number of a contact employee: <div style="display: flex; justify-content: space-between;"><div><u>Jonathan Kellner</u> (Name)</div><div><u>Chief Executive Officer</u> (Title)</div><div><u>551-370-1001</u> (Telephone Number)</div></div>			
6. Provide the name and address of counsel for the applicant: <u>Anders Franzon</u> <u>MX2 LLC, 382 NE 191st Street, Suite 92178</u> <u>Miami, FL 33179</u>			
7. Provide the date applicant's fiscal year ends: <u>December 31</u>			
8. Indicate legal status of applicant: <input type="checkbox"/> Corporation <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Other (specify): _____			
If other than a sole proprietor, indicate the date and place where applicant obtained its legal status (e.g. state where incorporated, place where partnership agreement was filed or where applicant entity was formed):			
(a) Date (MM/DD/YY): <u>6/01/23</u> (b) State/Country of formation: <u>Delaware/United States</u>			
(c) Statute under which applicant was organized: <u>Delaware Limited Liability Company Act</u>			
<p>EXECUTION: The applicant consents that service of any civil action brought by , or notice of any proceeding before, the Securities and Exchange Commission in connection with the applicant's activities may be given by registered or certified mail or confirmed telegram to the applicant's contact employee at the main address, or mailing address if different, given in Items 2 and 3. The undersigned, being first duly sworn, deposes and says that he/she has executed this form on behalf of , and with the authority of , said applicant. The undersigned and applicant represent that the information and statements contained herein, including exhibits, schedules, or other documents attached hereto, and other information filed herewith, all of which are made a part hereof, are current, true, and complete.</p> <div style="display: flex; justify-content: space-between;"><div>Date: <u>11/29/24</u> (MM/DD/YY)</div><div><u>MX2 LLC</u> (Name of applicant)</div></div> <div style="display: flex; justify-content: space-between;"><div>By: <u>[Signature]</u> (Signature)</div><div><u>Anders Franzon, General Counsel</u> (Printed Name and Title)</div></div> <div style="display: flex; justify-content: space-between;"><div>Subscribed and sworn before me this <u>29</u> day of <u>November</u>, <u>2024</u> by <u>Lauren Strathman, CEO</u></div><div>(Month) (Year) (Notary Public)</div></div> <div style="display: flex; justify-content: space-between;"><div>My Commission expires <u>12/01/2027</u> County of <u>Johnson</u> State of <u>Kansas</u></div><div></div></div> <div style="text-align: center;"><p><i>This page must always be completed in full with original, manual signature and notarization.</i></p><p><i>Affix notary stamp or seal where applicable.</i></p></div>			

