

M15000010339

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

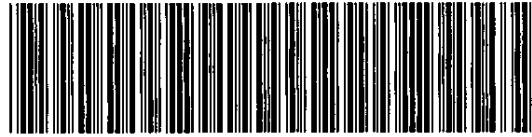
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100278658481

11/10/15--01003--002 **160.00

FILED

2015 DEC 28 P 5:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DEC 29 2015

S MASON

6258
114



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 11, 2015

BRAD PATANO
1641 POPPS FERRY RD STE A-4
BILOXI, MS 39532

SUBJECT: M|P DESIGN GROUP, PLLC
Ref. Number: W15000074335

We have received your document for M|P DESIGN GROUP, PLLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

Pursuant to s.605.0902(1)(e), Florida Statutes, the document must contain the name, title or capacity and address of at least one person who has the authority to manage the foreign limited liability company.

Please return the corrected original and one copy of 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.

Justin M Shivers
Regulatory Specialist III
Registration/Qualification Section

Letter Number: 015A00023861



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 12, 2015

BRAD PATANO
1641 POPPS FERRY RD STE A-4
BILOXI, MS 39532

SUBJECT: M|P DESIGN GROUP, PLLC
Ref. Number: W15000074335

We have received your document for M|P DESIGN GROUP, PLLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a limited liability company 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 amend your document accordingly.

Pursuant to s.605.0902(1)(e), Florida Statutes, the document must contain the name, title or capacity and address of at least one person who has the authority to manage the foreign limited liability company.

Please return the corrected original and one copy of 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.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 015A00023861

**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. MJP Design Group, PLLC, L.L.C.
(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. Mississippi 3. 20-2057896
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. N/A
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 1641 Popps Ferry Rd STE A-4
Biloxi, MS 39532
(Street Address of Principal Office)

6. SAME
(Mailing Address)

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

Name: National Registered Agents, Inc.
Office Address: 1200 South Pine Island Dr.
Plantation, Florida 33324
(City) (Zip code)

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.

CT Corporation System by: [Signature]
(Registered agent's signature)

Sierra Burns
Vice President & Assistant Secretary

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Brad Patano, Brad Jones, David Machado, Gerrod Kilpatrick - members see attached

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)

[Signature]
Signature of an authorized person

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.

Brad Patano

Typed or printed name of signer

FILED
2015 DEC 28 P 5:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Officers List

Name:

Brad Patano
Member

David Machado
Member

Gerrod Kilpatrick
Member

Address:

1641 Popps Ferry Rd Ste A-4
Biloxi, MS 39532

1641 Popps Ferry Rd Ste A-4
Biloxi, MS 39532

1641 Popps Ferry Rd STE A-4
Biloxi, MS 39532

FILED

2015 DEC 28 P 5:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DELBERT HOSEMANN
Secretary of State

Office of the Secretary of State
Jackson, Mississippi

Certificate of Good Standing

I, C. DELBERT HOSEMANN, JR., Secretary of State of the State of Mississippi, and as such, the legal custodian of the records as required by The Mississippi Limited Liability Company Act to be filed in my office do hereby certify:

M | P DESIGN GROUP, PLLC

Registered the 3rd day of October, 2012

A Mississippi Limited Liability Company has filed the necessary documents in this office and has obtained a certificate of formation under the provisions of The Mississippi Limited Liability Company Act as shown by the records in this office.

That the registered office of said Limited Liability Company is located at:

1641 Popps Ferry Rd Ste A-4
Biloxi, MS 39532

And that the registered agent at that address is:

Patano, Brad

I further certify that said Limited Liability Company has paid the fees for filing the above papers required by law as shown by the records of this office, and that said Limited Liability Company is in good standing to do business in Mississippi at this time.

Given under my hand and seal of office
the 5th day of November, 2015

C. Delbert Hosemann, Jr.

C. DELBERT HOSEMANN, JR.
Secretary of State

Certificate Number: CN15016484

Verify this certificate online at <http://corp.sos.ms.gov/corpconv/verifycertificate.aspx>