M1700003455

(Rec	questor's Name)				
(Add	dress)				
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(City	//State/Zip/Phone	⊇ #)			
PICK-UP	WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
LIH WN-	-19506				

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MAR 23 2017 S. YOUNG ALLAHASEEL FLORIDA



FLORIDA DEPARTMENT OF STATE Division of Corporations

March 8, 2017

JASON COLEMAN MG UNDERGROUND LLC PO BOX 428 BRAZIL, IN 47834

SUBJECT: MG UNDERGROUND LLC

Ref. Number: W17000019506

We have received your document for MG UNDERGROUND LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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 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.

Letter Number: 017A00004498

Shelia H Young Regulatory Specialist II 17 MAR -7 AM 10: 29

www.sunbiz.org

COVER LETTER

TO:	Registration Section Division of Corporation	18				
SUBJ	ECT: MG Underground	LLC				
		Name of	Limited Liability (Company		
The en Exister	closed "Application by For nce, and check are submitte	eign Limited Liability Comp d to register the above refer	pany for Authoriza enced foreign limit	ition to Tra ted liability	nsact Business in Florida," company to transact busin	Certificate of less in Florida
Please	return all correspondence of	concerning this matter to the	following:			
	Jason Colem					
		N	ame of Person			
	MG Underg	round LLC				
	•		irm/Company			
	P.O. Box 42	8				
Address					17	
	Brazil, IN 4	7834				7 HAR -7 AH 10: 21
		City/S	State and Zip Code			-7
	bids@mgu	ndergroundlic.com				3
		E-mail address: (to be use	d for future annual	report not	ification)	୍ଚ ୍ଚ
For fu	ther information concerning	g this matter, please call:				6
	Jason Coleman Name o	of Contact Person	at (<u>812</u> Area Code) <u>420-22</u> Day	223 rtime Telephone Number	
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314			STREET Division Registrat Clifton B 2661 Exc	FADDRESS: of Corporations ion Section	
Enclos	ed is a check for the follow ☐ \$125.00 Filing Fee	ring amount: ☐ \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filii Certified Copy	-	□ \$160.00 Filing Fee, C of Status & Certified Co	

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 COMPANYTOTRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. MG Underground 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 "L Liability Company," "L.L.C," or "LLC.")	imited
2. Indiana (Jurisdiction under the law of which foreign limited liability company is organized) 3. 81-1284813 (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. MG Underground LLC	
9720 N Harmony Border St. Brazil. IN 47834 (Street Address of Principal Office)	
6. MG Underground LLC	<u></u>
PO Box 428 Brazil. IN 47834 (Mailing Address)	T KRET
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)	1
Name: InCorp Services, Inc.	3 15
Office Address: 17888 67th Court North	
Laxabatchee , Florida 33470 (City) (Zip code) Registered agent's acceptance:	10.0 29
Having been named as registered agent and to accept service of process for the above stated limited liability company at designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I fat to complywith the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiaccept the obligations of my position of registered agent. Kathy Shin on behalf of InCorp Services, In (Registered agent's signature)	irther agree lliar with an
8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: JOSON Coleman - Manager - 9720 N. Harmony Doublet St. Brazil 12 1 175311	
- FAMATA St. Drazil, IN 9163-4	
9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of recojurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate of the translator must be submitted)	
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 informati	on
submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.	

Typed or printed name of signee

State of Indiana Office of the Secretary of State

CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greeting:

I, CONNIE LAWSON, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execute this certificate.

I further certify that records of this office disclose that

MG UNDERGROUND LLC

duly filed the requisite documents to commence business activities under the laws of the State of Indiana on December 21, 2015, and was in existence or authorized to transact business in the State of Indiana on February 01, 2017.

I further certifiy this Domestic Limited Liability Company has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution, or expiration has been filed or taken place.



In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, February 01, 2017

Corrie Lamon

CONNIE LAWSON
SECRETARY OF STATE

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Verify this certificate:https://bsd.sos.in.gov/ValidateCertificate