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SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: McKissack Ventures, LLC
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Brian Emil Syska
Name of Person

McKissack Ventures, LLC
Firm/Company

478 Toucan Ridge Ct
Address

Henderson, NV 89012
City/State and Zip Code

esyska@hotmail.com
E-mail address; (to be used for future annual report notification)

For further information concerning this matter, please call:

Brian Emil Syska at (702) 499-8489
Name of Contact Person Area Code Daytime Telephone Number

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount.

Please make check payable to FLORIDA DEPARTMENT OF STATE

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy
- \$160.00 Filing Fee, Certificate of Status & Certified Copy

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. McKissack Ventures, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "L.L.C.")

2. Wyoming (State or other jurisdiction where foreign limited liability company is organized)

3. 85-3141393 (FIC Number) (Applicable)

4. 10-10-2023
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S., to determine penalty liability)

5. 478 Toucan Ridge Ct (Street Address (P.O. Box not acceptable))
Henderson, NV 89012
b. 478 Toucan Ridge Ct (Mailing Address)
Henderson, NV 89012

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
Name: Brian Emil Syska
Office Address: 206 NW 3rd St
Carabelle, FL 32322
Florida (State)

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.

Brian Syska
(Registered agent's signature)

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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 checked="" type="checkbox"/> Manager	Name: Brian Emil Syska	<input type="checkbox"/> Manager	Name: _____
<input checked="" type="checkbox"/> Member	Address: 478 Toucan Ridge Ct	<input type="checkbox"/> Member	Address: _____
Authorized Person	Henderson, NV 89012	<input type="checkbox"/> Authorized Person	_____
Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	Other _____
Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
Member	Address: _____	<input type="checkbox"/> Member	Address: _____
Authorized Person	_____	<input type="checkbox"/> Authorized Person	_____
Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	Other _____
Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
Member	Address: _____	<input type="checkbox"/> Member	Address: _____
Authorized Person	_____	<input type="checkbox"/> Authorized Person	_____
Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	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 or 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.

Brian Syska

Signature of an authorized person

Brian Emil Syska

Typed or printed name of signer

STATE OF WYOMING
Office of the Secretary of State

I, CHUCK GRAY, Secretary of State of the State of Wyoming, do hereby certify that according to the records of this office,

McKissack Ventures LLC
is a
Limited Liability Company

formed or qualified under the laws of Wyoming did on **January 12, 2017**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2017-000738851**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 6th day of October, 2023 at 5:15 PM. This certificate is assigned ID Number 065865123.



A handwritten signature in cursive script that reads "Chuck Gray".

Secretary of State