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COVER LETTER

TO:		tration Section ion of Corporations				
SUBJE	CT:	MCF Services. Inc				
0.0101	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Name o	f corporation -	must include suffix		
Dear Sir	r or M	adam:				
"Certific	cate o	"Application by Foreign Cor Existence," or "Certificate of ced foreign corporation to tra	of Good Standi	ng" and check are submitte		
Please r	eturn	all correspondence concernit	ng this matter to	the following:		
Julia Fer	rell					
-			Name of Po	erson		
MCF Se	rvices,	Inc				28
			Firm/Compa	any		<u> </u>
РО ВОХ	C 185					
		· · · · · · · · · · · · · · · · · · ·	Address	3		
Lexingto	on, SC	29071				PH :
mefservi	ices@x	rahoo.com	City/State and	l Zip code		+: 07
			(to be used for	future annual report notifi	ication)	
For furt	her in	Cormation concerning this ma	ntter, please cal	l:		
Julia Fer	тell	,	843 at (997-6068)		
	Nam	e of Person	Area Code	Daytime Telephone	Number	_
STREET/COURIER ADDRESS Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			:	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		
	iake ch	check for the following amore ck payable to: FLORIDA DE ng Fee S78.75 Filing Certificate of	PARTMENT C Fee & \Box :		\$87.50 Fili Certificate Certified C	of Status &

'APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1.	MCF Services,	Inc				
••		orporation; must include "INCORPORATED orp," "Inc," "Co," or "Corp.")	," "CON	IPANY," "CORPORATION	,	
	MCF Maintenar	nce and Services, Inc				
	(If name unavail	able in Florida, enter alternate corporate name	adopted	for the purpose of transacting	g business in Florida)	
2.	South Carolina	3	30-060	2301		
<u>-</u> .	(State or country under the law of which it is incorporated)		(FEI number, if applicable)			
4.	01/22/2010	5.				
••	(Date of incorporation)			(Date of duration, if other than perpetual)		
6.						
		(Date first transacted business i (SEE SECTIONS 607.1501 & 607.1			v)	
	109 W. Fortune S	St. APT. 2406, Tampa, Florida 33602	202,	, , , , , , , , , , , , , , , , , , , ,	,	
7		(Principal of	fice stree	t address)		
	PO BOX 185 Le	xington, SC 29071		,	26	
		(Current maili	ng addres	ss, if different)	27 JUL 27	nin) Land
8.	Name and street	et address of Florida registered agent: (P.G	O. Box	<u>NOT</u> acceptable)	. 27	45. 17
	Name:	Mackenzie Ferrell			PH I	* 7
Of	ffice Address:	109 W. Fortune St. APT 2406			PH 4: 07	
		Tampa	. (Florida 33602		
		(City)	; ·	(Zip code)		

9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation 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.

Macken Servell
(Registered agent's signature)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

A. DIRECTORS				
□Chairman	Name: Kevin Ferrell	□Chairman	Name: Julia Fer	rell
□Vice Chairman	Address: PO BOX 185	□Vice Chairman	Address: PO Bo	OX 185
■Director	Lexington, SC 29071	Director	Lexington, SC	29071
President		□President		
□Vice President		□Vice President		
Secretary	□Treasurer	Secretary		■Treasurer
Other	Other	Other		Other
□Chairman	Name:	□ Chairman	Name:	
□Vice Chairman	Address:	□Vice Chairman	Address:	
□Director		□Director		
□President		□President		
□Vice President		□Vice President		
☐ Secretary	□Treasurer	Secretary		Treasurer
□Other	Other	Other		□Other
				2021 J
□Chairman	Name:	□Chairman	Name:	- Jul 37
□Vice Chairman	'Address:	□Vice Chairman		·
□Director		□Director		
□President		□President		
□Vice President		□ Vice President		
□Secretary	□Treasurer	□ Secretary		□Treasurer
Other	Other	Other		□Other
individuals may be	Use an attachment to report more than six (6). The attachment to the index when filing your Florida Department	hment will be imaged it of State Annual Re	I for reporting pur port form.	poses only. Non-indexed
12.	Signature of Director or	Officer		
The officer or direct she is aware that fa s.817.155. F.S.	etor signing this document (and who is listed in number lse information submitted in a document to the Departm	11 above) affirms thatent of State constitut	es a third degree	

The State of South Carolina



Office of Secretary of State Mark Hammond

Certificate of Existence

I, Mark Hammond, Secretary of State of South Carolina Hereby Certify that:

MCF SERVICES, INC., a corporation duly organized under the laws of the State of South Carolina on January 22nd, 2010, and having a perpetual duration unless otherwise indicated below, has as of the date hereof filed all reports due this office, paid all fees, taxes and penalties owed to the State, that the Secretary of State has not mailed notice to the corporation that it is subject to being dissolved by administrative action pursuant to S.C. Code Ann. §33-14-210, and that the corporation has not filed articles of dissolution as of the date hereof.

Given under my Hand and the Great Seal of the State of South Carolina this 23rd day of July, 2021.

Mark Hammond, Secretary of State