## F2200007890

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PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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S. ROBERTS
DEC 2 9 2022

## **COVER LETTER**

	tration Section ion of Corporations			
SUBJECT:	MKSG318 HOLDING CORP.			
	Name of	corporation -	must include suffix	
Dear Sir or M	adam:			
"Certificate of	"Application by Foreign Corp f Existence," or "Certificate of ced foreign corporation to tran	Good Standi	ng" and check are submitt	
Please return	all correspondence concerning	this matter to	the following:	
MICHAEL S.	GUILBERT			
		Name of Pe	erson	
MKSG318 HO	LDING CORP.			
		Firm/Compa	any	
111 NORTH C	RANGE AVENUE, SUITE 800			
		Address	3	
ORLANDO, F	1, 32801			
		City/State and	l Zip code	
MGUILBERT	@EALGIAN.COM			
	E-mail address: (	to be used for	future annual report notif	ication)
For further in	formation concerning this mat	ter, please cal	l:	
MICHAELS.	AICHAEL S. GUILBERT			
Name	e of Person	Area Code	Daytime Telephone	e Number
Regis Divis The C 2415	EET/COURIER ADDRESS: tration Section ion of Corporations Centre of Tallahassee N. Monroe Street, Suite 810 hassee, FL 32303		MAILING ADD Registration Secti Division of Corpo P.O. Box 6327 Tallahassee, FL 3	on orations
Enclosed is a Please make ch	check for the following amounteek payable to: FLORIDA DEPing Fee	ARTMENT C		■ \$87.50 Filing Fee. Certificate of Status & Certified Copy

## 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. MKSG318 HOL				
	orporation: must include "INCORPORATED." "Coorp." "Inc." "Co." or "Corp.")	OMPANY," "CORPORATION,"		
	<del></del>			
(If name unavaila	able in Florida, enter alternate corporate name adop	ted for the purpose of transacting bu	siness in Florida)	
(State or countr	y under the law of which it is incorporated) 3. 86-1	(FEI number, if applica	ble)	
4	5			
(Date	of incorporation)	5. (Date of duration, if other than perpetual)		
5	(Date first transacted business in Flor	ida isaniana maiamina		
	(SEE SECTIONS 607.1501 & 607.1502, F	S., to determine penalty liability)		
7. TTT NORTH OR/	ANGE AVENUE., SUITE 800, ORLANDO, FL 32	301		
	(Principal office <u>st</u>	reet address)		
		4 10 1100	<u> </u>	
	(Current mailing add	iress, if different)	<b>3072</b> 0.50 13	
8. Name and stree	et address of Florida registered agent: (P.O. Bo	x <u>NOT</u> acceptable)	<u>ــ</u> س	
Name:	MICHAEL S. GUILBERT	_	3	
Office Address:	111 NORTH ORANGE AVENUE., SUITE 800		V3 10: 2.	
	ORLANDO	Clorido 32801	ప	
	(City)	(Zip code)		
Degistered and	ent's acceptance:			
Having been nam designated in this further agree to c	ned as registered agent and to accept service of application, I hereby accept the appointment omply with the provisions of all statutes relati with and accept the obligations of my position	as registered agent and agree to we to the proper and complete pe	act in this capacity. I	
_	(Registered agent's signati	rre)	-	
10. Attached is a the Department of	certificate of existence duly authenticated, not is State, by the Secretary of State or other official	more than 90 days prior to delive	ry of this application to cords in the jurisdiction	

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

under the law of which it is incorporated.

A. DIRECTORS							
□Chairman	Name: MICHAEL S. GUILBERT	□Chairman	Name: KRISTIN M. GUILBERT				
□Vice Chairman	Address:	□ Vice Chairman	Address: HI NORTH ORANGE AVE	<b>:</b> ,			
□Director	SUITE 800	□Director	SUITE 800				
■ President	ORLANDO, FL 32801	□President	ORLANDO, FL 32801				
□Vice President		□ Vice President					
□Secretary	□Treasurer	Secretary	□Treasurer				
□Other	□Other	■Other	Other				
□Chairman	Name:	□Chairman	Name:				
	Address:	□Vice Chairman					
□Director		Director					
□President		□President					
		□Vice President					
□ Secretary	□Treasurer	☐ Secretary	□Treasurer				
□Other		□Other					
Library Library		DOMEI					
□Chairman	Name;	□ Chairman	Name:				
□Vice Chairman	Address:	□Vice Chairman	Address:				
□Director		□Director					
□President		□President					
□Vice President	<del></del>	□Vice President					
□Secretary	□Treasurer	□Secretary	□Treasurer				
□Other	□Other	□Other					
	Use an attachment to report more that six (6). The attact added to the index when filings our Florida Departme			ı			
12.	Signature of Director o	r Officer					
The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in \$.817.155, F.S.  MICHAEL S. GUIL BERT, PRESIDENT							
13.	— — — — — — — — — — — — — — — — — — —	<del></del>					

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "MKSG318 HOLDING CORP." IS DULY

INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS

OF THIS OFFICE SHOW, AS OF THE TENTH DAY OF NOVEMBER, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MKSG318 HOLDING CORP." WAS INCORPORATED ON THE FIRST DAY OF FEBRUARY, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

Authentication: 204825615

Date: 11-10-22

4941414 8300 SR# 20223985513