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SECRETARY OF STATE
PART AND SECRETARY OF STATE
PART

Mr 12/5/15

## COVER LETTER

Division of Corporations
SUBJECT: MLC LLC. Name of Foreign Limited Liability Company
Dear Sir or Madam:
The enclosed application, certificate and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
MARK LYONS III  Name of Person
MLC L.L.C. Firm/Company
77 Baybridge Office PARK
Gulf Breeze, FL 32561 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:  MARK Lyons TT at (850) 341-4400  Name of Person Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building Clifton Building P.O. Box 6327 Control of Corporations Tallahassee, Florida 32301  MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following amount:  \$\begin{array}{cccccccccccccccccccccccccccccccccccc

TO:

Registration Section



## WRITTEN CONSENT TO ADOPT ALTERNATE NAME FOR USE IN THE STATE OF FLORIDA

We, the undersigned, do hereby certify that I am the Authorized Person
of MLC, LLC
(Name of Limited Liability Company)
a limited liability company duly organized and existing under the laws of
(State or Country of Organization)
Because the name of this foreign limited liability company does not satisfy the
requirements of the s. 605.0112, F.S., the limited liability company hereby adopts the
following name to transact business in the state of Florida:
MLC.L.L.C. FLORIDA
(Name to be used by limited liability company in Florida. NOTE: Name must contain Limited Liability Company, L.L.C., or LLC.)
,
Si Maria Burner