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SECRETARY OF STATE DIVISION OF CORPORATIONS

COVER LETTER

TO: Registration Section	
Division of Corporations	
SUBJECT: MGP ENTERPRISES, LLC	
•	d Liability Company)
	ity Company for Authorization to Transact Business in nitted to register the above referenced foreign limited
Please return all correspondence concerning this matt	er to the following:
LOUIS M. MEINERS, JR.	
(Name	of Person)
ADVOCATE CONSULTING	
	Company)
3073 HORSESHOE DRIVE SOUTH,	SUITE 210
(Ac	ddress)
NAPLES, FL 34104	
(City/State	and ZIP Code)
For further information concerning this matter, please	e call:
RACHEL HALL	at (239) 213-0066
(Name of Person)	(Area Code & Daytime Telephone Number)
MAILING ADDRESS:	STREET ADDRESS:
Division of Corporations	Division of Corporations
P.O. BOX 6327	Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle
	Tallahassee, FL 32301
Enclosed is a check for the following amount:	
X \$125.00 Filing Fee \$130.00 Filing Fee & Certificate of Sta	\$155.00 Filing Fee & \$160.00 Filing Fee, Certificate atus Certified Copy of Status & Certified Copy
	•••

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

(Name of Foreign)		
_	Limited Liability Company)	
D DELAWARE	3. 20-8449318	
(Jurisdiction under the law of which foreign limited I company is organized)	liability (FEI number, if applicable)	
4. 02/14/2007	5. PERPETUAL	
(Date of Organization)	(Duration: Year limited liability company will cease exist or "perpetual")	to
5. 02	2/19/2007	0
(Date first transacted busine (See sections 608.501 & 608	less in Florida, if prior to registration.) 8.502 F.S. to determine penalty liability)	SECR VISIO:
5745 SW 75TH STREET, SUITE 347	7 EB 2	무무
	0	37E
GAINESVILLE, FL 32608-5504	Address of Principal Office)	<u> </u>
(Street	Address of Principal Office)	33 33 31
. If limited liability company is a manager-ma	nanaged company, check here	
		E
. The name and usual business addresses of the	he managing members or managers are as follows:	
ALLICORP MANAGEMENT CORP.		
5745 SW 75TH STREET, SUITE 347	7	
GAINESVILLE, FL 32608-5504		
CAINEDVILLE, FE 32000 3304		
GAINESVIEDE, FE 32000 3304		
CAINESVIEDE, FE 32000 3304		
0. Attached is an original certificate of existence, no mor	re than 90 days old, duly authenticated by the official having custody	
0. Attached is an original certificate of existence, no more jurisdiction under the law of which it is organized. (A p	photocopy is not acceptable. If the certificate is in a foreign language	
0. Attached is an original certificate of existence, no more jurisdiction under the law of which it is organized. (A p	photocopy is not acceptable. If the certificate is in a foreign language	
O. Attached is an original certificate of existence, no more in the law of which it is organized. (A parameter) anslation of the certificate under oath of the translator mu	photocopy is not acceptable. If the certificate is in a foreign language ust be submitted.)	, a
O. Attached is an original certificate of existence, no morne jurisdiction under the law of which it is organized. (A pranslation of the certificate under oath of the translator mu	photocopy is not acceptable. If the certificate is in a foreign language	, a
O. Attached is an original certificate of existence, no morne jurisdiction under the law of which it is organized. (A pranslation of the certificate under oath of the translator mu	photocopy is not acceptable. If the certificate is in a foreign language ust be submitted.)	, a
O. Attached is an original certificate of existence, no morne jurisdiction under the law of which it is organized. (A pranslation of the certificate under oath of the translator multiple.) 1. Nature of business or purposes to be conducted.	photocopy is not acceptable. If the certificate is in a foreign language ust be submitted.) ucted or promoted in Florida: EQUIPMENT LEASING	, a
O. Attached is an original certificate of existence, no morne jurisdiction under the law of which it is organized. (A pranslation of the certificate under oath of the translator multiple.) 1. Nature of business or purposes to be conducted as a function of the certificate under oath of the translator multiple.	photocopy is not acceptable. If the certificate is in a foreign language ust be submitted.) ucted or promoted in Florida: EQUIPMENT LEASING or an authorized representative of a member.	, a
O. Attached is an original certificate of existence, no morne jurisdiction under the law of which it is organized. (A pranslation of the certificate under oath of the translator multiple of business or purposes to be conducted. Signature of a member of (In accordance with section 608.)	photocopy is not acceptable. If the certificate is in a foreign language ust be submitted.) ucted or promoted in Florida: EQUIPMENT LEASING or an authorized representative of a member. 1408(3), F.S., the execution of this document constitutes	, a
O. Attached is an original certificate of existence, no morne jurisdiction under the law of which it is organized. (A pranslation of the certificate under oath of the translator multiple of business or purposes to be conducted. Signature of a member of (In accordance with section 608.)	photocopy is not acceptable. If the certificate is in a foreign language ust be submitted.) ucted or promoted in Florida: EQUIPMENT LEASING or an authorized representative of a member. 1.408(3), F.S., the execution of this document constitutes ies of perjury that the facts stated herein are true.)	, a

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:	
MGP ENTERPRISES, LLC	-
2. The name and the Florida street address of the registered agent and office are:	
LOUIS M. MEINERS, JR. (Name)	
3073 HORSESHOE DRIVE SOUTH, SUITE 210 Florida Street Address (P.O. Box NOT ACCEPTABLE)	
NAPLES FL 34104 City/State/ZIP	

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 certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.

(Signature)

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

Delaware

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MGP ENTERPRISES, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FOURTEENTH DAY OF FEBRUARY, A.D. 2007.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MGP ENTERPRISES, LLC" WAS FORMED ON THE FOURTEENTH DAY OF FEBRUARY, A.D. 2007.

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4301736 8300 070168953

Warriet Smile Hindson

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 5434095

DATE: 02-14-07