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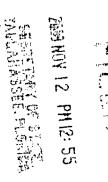
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Cry, Clair, Lip., 1701, 17)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Consist to deposit on the Filling Office
Special Instructions to Filing Officer:

Office Use Only



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T. CLINE

NOV 1 3 2009

EXAMINER

COVER LETTER

TO:	Registration Section Division of Corporatio	ns		
Subj	ECT:	MC Nan	2 PROPERTIES, LLC ne of Limited Liability Company	
			ility Company for Authorization to Transact Business in bove referenced foreign limited liability company to trans	
Please	return all correspondence	e concerning this ma	utter to the following:	
			DAVID S. EVANS, ESQ.	
			Name of Person	
		ļ	KIRTON & McCONKIE	
			Firm/Company	
		60 Ea:	st South Temple, Suite 1800	
			Address	
	Salt Lake City, UT 84111 City/State and Zip Code			
				1 3 1 1
		E-mail address: (1	to be used for future annual report notification)	N 7
For fu	rther information concern	ing this matter, plea	se call:	
	, Susa	an Ford	at(801)323-59	- F
		ne of Person	Area Code & Daytime Telephone Number	5 S
	MAILING ADDRES Division of Corporation Registration Section P.O. Box 6327 Tallahassee, FL 32314	ons	STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	
Encl	osed is a check for the	e following amou	ınt;	
	\$125.00 Filing Fee	\$130.00 Filin Certificate	ng Fee & \$155.00 Filing Fee & \$160.00 Filing Fee of Status Certified Copy of Status	ng Fee, Certificate s & Certified Copy

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

IN COMPLIANCE WITH SECTION 608503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIBITATION TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1.	MC2 PROPER (Name of Foreign Limited Liability Company; must include	RTIES, LLC "Limited Liability Company," "L.L.C.," or	"LLC.")				
CO	name unavailable, enter alternate name adopted for the purpose ansent of the managers or managing members adopting the alternation of the managers of managing members adopting the alternation of the managers of managing members adopting the alternation of the managers of managing members adopting the alternation of the managers of t	of transacting business in Florida and attack te name. The alternate name must include "	a a copy of t Limited Liz	the writter ability			
2.	NEVADA (Jurisdiction under the law of which foreign limited liability company is organized)	E0561302009-7 (FEI number, if applicable)	- 				
4.	06/2009 5. (Date of Organization)	01/2099 (Duration: Year limited liability company exist or "perpetual")	will cease	io			
6.							
	(Date first transacted business in Florid (See sections 608.501 & 608.502 F.S. to	la, if prior to registration.) determine penalty liability)					
7.	5611 Old Scott Lake Road, Lakeland, FL 33813		Fin	17 A			
			grif also grass	3			
	(Street Address of	Principal Office)	25.55	<u> </u>			
8.	8. If limited liability company is a manager-managed company, check here						
9.	The name and usual business addresses of the manag	ing members or managers are as foll	lows:	PH 12: 5			
	5611 Old Scott Lake Road, Lakeland, FL 33813			ا <i>ل</i> ــــ			
	517 West Mesquite Blvd., #1524 Mesquite, NV	89027					
the). Attached is an original certificate of existence, no more than 90 day ejurisdiction under the law of which it is organized. (A photocopy is nslation of the certificate under oath of the translator must be submit	snot acceptable. If the certificate is in a foreign					
11	. Nature of business or purposes to be conducted or p	romoted in Florida:					
	Real Estate Investme	ent/Management	··	·····			
	if.						
	(In accordance with section 608.408(3), F.S. an affirmation under the penalties of perjury						
	Michael S <2255 Typed or printed n	ame of signee					
	i j pou oi pimiou n						

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.

. The name of the Lin	nited Liability Company is:	
	MC2 PROPERTIES, LLC	
f unavailable, the alter	nate to be used in the state of Florida is:	
Th		•
the name and the Fi	orida street address of the registered agent and office are:	
	Michael P. Cress	
 	(Name)	
		2200 72
	5611 Old Scott Lake Road	
-	Florida Street Address (P.O. Box NOT ACCEPTABLE)	
	,	
	LAKELAND, FL 33813	
	City/State/Zip	To-

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)

SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, ROSS MILLER, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, MC2 PROPERTIES, LLC, as a limited liability company duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since October 23, 2009, and is in good standing in this state.

O TO O C

Electronic Certificate
Certificate Number: C20091110-0613
You may verify this electronic certificate
online at http://www.nvsos.gov/

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on November 10, 2009.

ROSS MILLER Secretary of State