

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Eax Number : (850)617-6383

Figure

Addount Name : HARVARD BUSINESS SERVICES, INC

Addount Number : 120080000045 Phone : (302)645-7400

Fax Number

: (30%) 545-1280

**Enter the email address for this business entity to be used for Suture annual report mailings. Enter only one email address please. **

Email Address: hookietime@optonline.net

Foreign Limited Liability Company MGTS LLC

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$130.00

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Corporate Filing Menu

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To:18506176383

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10-08-2014 10:57

Port Jefferson, NY 11777

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. MGTS LLC

(Name of Foreign Limited Clability Company; must include "Tamited Clability Company," "L.T.C.," or "LLC.")

Delaware	₃ 47-2020605
Jurisdiction under the law of which foreign limited liabilit company is organized)	ty (FEt number, if applicable)
No Transaction prior to Reg	gistration
d bare first franciscred by (See scutions 605.0904 &	nusiness in Plorida, if prior to registration.) 605.0905, F.S. to determine penalty liability)
1 James Way	
Port Jefferson, NY 11777	
1 James Way	Set Address of Principal Office)
Port Jefferson, NY 11777	
	(Mailing Address)
The name, title or capacity and address of	the person(s) who has/have authority to manage is/are:
osephine Sammis, Authorize	d Parcen

8. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

Signature of an authorized person

(In accordance with section 605.0203, F.S., the execution of this document compliants an affirmation under the penalties of pergay that the facts stated becoin are true, I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Josephine Sammis

Typed or printed name of signee

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CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), 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 Co	mpany is:	
If unavailable, the alternate to be used in	the state of Florida is:	25 SEC. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19
2. The name and the Florida street addre	ss of the registered agent and office are:	
Josephine Sa	mmis	
	(Name)	
1859 Gulf Cou	urt	
Florida Street	Address (P.O. Box NOT ACCEPTABLE)	•
Indialantic	FL 32903	
	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 abligations of my position as registered agent as provided for in Chapter 605, 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

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The First State

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

DELAWARE, DO HEREBY CERTIFY "MGTS 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 EIGHTH DAY OF OCTOBER, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MGTS LLC" WAS FORMED ON THE SECOND DAY OF OCTOBER, A.D. 2014.

5614232 8300

141270717

You may verify this certificate online at corp.delawere.gov/authver.shtml

AUTHENTY CATION: 1763762

DATE: 10-08-14

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