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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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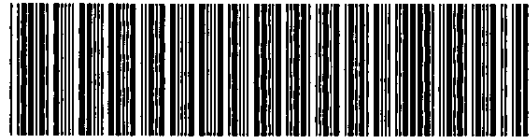
(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers DEC 09 2014

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Onsite Mobile RV Repair, LLC
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all correspondence concerning this matter to the following:

Mark Williamson

Name of Person

C/O Port St. Lucie RV Resort

Firm/Company

3703 S. E. Jennings Rd., Site 34

Address

Port St. Lucie, FL 34952

City/State and Zip Code

onsite mobile rv repair@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mark Williamson

Name of Contact Person

at (910)

Area Code

470-8632

Daytime Telephone Number

MAILING ADDRESS:

Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy

☒ \$160.00 Filing Fee, Certificate
of Status & Certified Copy

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

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

1. Onsite Mobile RV Repair, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. State of South Dakota 3. 46-4831457
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. _____
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. Mark Williamson / C/O Port St. Lucie RV Resort, 3703 S. E.
Jennings Rd., Site 34, Port St. Lucie, FL 34952
(Street Address of Principal Office)

6. Mark Williamson / C/O Port St. Lucie RV Resort, 3703 S. E.
Jennings Rd., Site 34, Port St. Lucie, FL 34952
(Mailing Address)

7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Mark Williamson, Manager
C/O Port St. Lucie RV Resort
3703 S. E. Jennings Rd., Site 34, Port St. Lucie, FL 34952

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TALLAHASSEE, FLORIDA

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)

Mark Williamson
Signature of an authorized person

(In accordance with section 605.0203, F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein 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.)

Mark Williamson
Typed or printed name of signee

**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 Company is:

Onsite Mobile RV Repair, LLC

If unavailable, the alternate to be used in the state of Florida is:

2. The name and the Florida street address of the registered agent and office are:

REGISTERED AGENTS INC.

(Name)

3030 N. Rocky Point Dr., STE 150A

Florida Street Address (P.O. Box NOT ACCEPTABLE)

Tampa

FL

33607

City/State/Zip

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TALLAHASSEE, FLORIDA

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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 605, Florida Statutes.

Bill Havre

Bill Havre - President

(Signature)

\$ 100.00	Filing Fee for Application
\$ 25.00	Designation of Registered Agent
\$ 30.00	Certified Copy (optional)
\$ 5.00	Certificate of Status (optional)

State of South Dakota



OFFICE OF THE SECRETARY OF STATE Certificate of Existence Limited Liability Company

ORGANIZATIONAL ID# DL037194

I, **Jason M. Gant**, Secretary of State of the State of South Dakota, do hereby certify that Onsite Mobile RV Repair, LLC was duly organized under the laws of this state on January 27, 2014 for a perpetual term of existence.

I, further certify that said limited liability company has complied with the laws of this State relative to the formation of limited liability companies of its kind and is now a regularly and properly organized and existing limited liability company under the laws of this State and is in good standing, as shown by the records of this office. The annual report required by law has been filed with our office and articles of termination have not been filed.

This certificate is not to be construed as an endorsement, recommendation, or notice of approval of the limited liability company's financial condition or business activities and practices. Such information is not available from this office.

Validation Number: 1763639693

Use this number to verify the certificate as legitimate via the South Dakota Secretary of State website: sdsos.gov

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the Great Seal of the State of South Dakota, at Pierre, the Capital, this November 25, 2014.

A handwritten signature in cursive script that reads "Jason M. Gant".

Jason M. Gant
Secretary of State



Certificate ID: 7031

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TALLAHASSEE, FLORIDA