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COVER LETTER

Division of Corporations
SUBJECT: MJ Consulfing, LLC Name of Limited Liability Company
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:
Jill GARNISON
Name of Person
MJ Consulting, uc
Firm/Company
4141 OR 386 South
Address
Port St. Joe FL 32456 City/State and Zip Code
City/State and Zip Code
E-mail address: (to be used for future annual report notification) E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
For turner information concerning this matter, please call:
Name of Contact Person at (850) 899. 4090 of F.
205, 434.0000
MAILING ADDRESS: STREET ADDRESS:
Division of Corporations Registration Section Division of Corporations Registration Section
P.O. Box 6327 Clifton Building
Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301
Enclosed is a check for the following amount:
□ \$125.00 Filing Fee □ \$130.00 Filing Fee & □ \$155.00 Filing Fee & Certificate Copy □ \$160.00 Filing Fee, Certificate Copy □ \$160.00 Filing Fee, Certificate Copy

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: lity 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.") (Jurisdiction under the law of which foreign limited liability company is organized) (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: 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.&, 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.)

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:		
MJ Consulting, uc		_
If unavailable, the alternate to be used in the state of Florida is:		
MJC Consulting of Alabama		
2. The name and the Florida street address of the registered agent and office are:		
Lange Chassing		
Lance Sheffield (Name)	2015	em.
47// Highway 22 Florida Street Address (P.O. RAY NOT ACCEPTABLE)	JAN 23	
Florida Street Address (P.O. Box NOT ACCEPTABLE)	,	
Callaway, FL 32404	PM 4: 2	i in
City/State/Zip	; 2	
Having been named as registered agent and to accept service of process for the above stated liability company at the place designated in this certificate, I hereby accept the appointment registered agent and agree to act in this capacity. I further agree to comply with the provision statutes relating to the proper and complete performance of my duties, and I am familiar with accept the obligations of my position as registered agent as provided for in Chapter 605, Flow Statutes. (Signature)	as ons of a h and	
\$ 100.00 Filing Fee for Application \$ 25.00 Designation of Registered Agent		

\$ 30.00

5.00

Certified Copy (optional)
Certificate of Status (optional)

Jim Bennett Secretary of State P.O. Box 5616 Montgomery, AL 36103-5616

STATE OF ALABAMA

I, Jim Bennett, Secretary of State of Alabama, having custody of the Great and Principal Seal of said State, do hereby certify that

the entity records on file in this office disclose that MJ Consulting, LLC was formed in Tuscaloosa County, Alabama on December 18, 2008. The Alabama Entity Identification number for this entity is 428-310. I further certify that the records do not disclose that said entity has been dissolved, cancelled or terminated.



20141023000015928

In Testimony Whereof, I have hereunto set my hand and affixed the Great Seal of the State, at the Capitol, in the city of Montgomery, on this day.

10/23/2014

Date

Ji sum

Jim Bennett

Secretary of State