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515 East Park Avenue Tallahassee, FL 32301 855 637 1628 tel 850 224 1640 fax www.ctlegalsolutions.com

May 15, 2015

Department of State, Florida Clifton Building 2611 Executive Center Circle Tallahassee FL 32301

Re:

Order #: 9550623 SO

Customer Reference 1:

None Given

Customer Reference 2: None Given

Dear Department of State, Florida:

Please obtain the following:

MG Support Services, LLC (DE) Registration Florida

Enclosed please find a check for the requisite fees. Please return document(s) to the attention of the undersigned.

If for any reason the enclosed cannot be processed upon receipt, please contact the undersigned immediately at (850) 222-1092.

Thank you very much for your help.

Sincerely,

Connie R Bryan Senior Fulfillment Specialist Connie.Bryan@wolterskluwer.com

COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJE	CT: MG Support Services, LLC	
	Name of Limited Liability Company	
The end Existen	losed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida,	e of ida
Piease r	eturn all correspondence concerning this matter to the following:	
	Michelle Trepanier	
	Name of Person	
	IAP Worldwide Services, Inc.	
	Firm/Company	
	7315 North Atlantic Avenue	
	Address	
	Cape Canuveral, FL 32920	
	City/State and Zip Code	
	michelle.trepanier@iapws.com	
	E-mail address: (to be used for future annual report notification)	
For furt	her information concerning this matter, please call:	
	Michelle Trepanierat (321) 784-7249	
	Michelle Trepanier at (321) 784-7249 Name of Contact Person Area Code Daytime Telephone Number	
	MAILING ADDRESS:STREET ADDRESS:Division of CorporationsDivision of CorporationsRegistration SectionRegistration SectionP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301	
Enclos	sed is a check for the following amount: \$\Begin{align*} \text{S125.00 Filing Fee} & \Begin{align*} \text{S130.00 Filing Fee} & \Begin{align*} \text{S155.00 Filing Fee} & \Begin{align*} \text{S155.00 Filing Fee} & \Begin{align*} \text{S160.00 Filing Fee}, \text{Certificate Gopy} \\ \text{Certified Copy} & \text{of Status & Certified Feo} \end{align*} \[\text{Certified Copy} & \text{S155.00 Filing Fee} & \text{S160.00 Filing Fee}, \text{Certified Feo} \]	esare Fair

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. MG Support Services, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
(Wante of Foreign Elimica Elability Company, mass mender Elimica Elability Company. E.E.C., of Ecc.)
(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. Delaware 3.
(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)
4
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)
5. 7321 North Atlantic Avenue
Cape Canaveral, FL 32920
(Street Address of Principal Office)
6. 7315 North Atlantic Avenue
Cape Canaveral, FL 32920
(Mailing Address)
7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Frederick Nohmer, Manager, Chairman - 7315 North Atlantic Avenue, Cape Canaveral, FL 32920
David Craig, Manager - 7315 North Atlantic Avenue, Cape Canaveral, FL 32920
Michelle Trepanier, Assistant Secretary - 7315 North Atlantic Avenue, Cape Canaveral, FL 32920
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)
Makelle Trepanier
Signature of an authorized person (In accordance with section 605 0203, F.5., the execution of this document constitutes an affirmation under the penalties of perjury that the facilisation are true aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 917, 153, F.5.
Michelle Trefamics Typed or printed name of signee
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	d Liability Company is:	
MG Support Servi	ces, LLC		
If unavailable, t	he alternate	to be used in the state of Florida is:	
2. The name an		la street address of the registered agent and office are:	
	C T Corpora	ation System	
		(Name)	
	1200 South	Pine Island Road	
		Florida Street Address (P.O. Box NOT ACCEPTABLE)	
	Plantation	FL 33324	
		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 605, Florida Statutes.

C T Corporation System By: Conn. B.	Connie Bryan	SECR ALL A	S	
(A ignature	Assistant Secretary	TETARY MASSE	KAY 15	F
\$ 100.00 Filing Fee for Application \$ 25.00 Designation of Registered Agent \$ 30.00 Certified Copy (optional) \$ 5.00 Certificate of Status (optional)		OF STATE E. FLORID	图11:57	

Delaware

PAGE

The First State

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

DELAWARE, DO HEREBY CERTIFY "MG SUPPORT SERVICES, 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 FIFTEENTH DAY OF MAY, A.D. 2015.

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

5745452 8300

150688902

AUTHENTY CATION: 2382494

DATE: 05-15-15

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