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| (Re | equestor's Name) |
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| (Ad | dress) |
| (Ac | idress) |
| (Cit | ty/State/Zip/Phone #) |
| PICK-UP | WAIT MAIL |
| (Bu | isiness Entity Name) |
| (Do | ocument Number) |
| Certified Copies | Certificates of Status |
| Special Instructions to | Filing Officer: |
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| | Office Use Only |



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15 AUG II PH 3: 33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILLED

15 AUG II PM I: 30

NG 17 2015 J. HARRIS

COVER LETTER

| | Registration Section , Division of Corporations | |
|-------------|--|--|
| SUBJEC | M.A.K. APPRAISALS, LLC | |
| SCEGLE | Name of Limited Liability Company | |
| | sed "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 Flor | |
| Please ret | urn all correspondence concerning this matter to the following: | |
| | MARK ANTHONY KILCOURSE | |
| | Name of Person | |
| | M.A.K. APPRAISALS, LLC | |
| | Firm/Company | |
| | 3603 SAMOA AVE | |
| | Address | |
| | NORTH PORT, FLORIDA. 34287 | |
| | City/State and Zip Code | |
| | kilcoursemark@gmail.com | |
| | E-mail address: (to be used for future annual report notification) | |
| For further | r information concerning this matter, please call: | |
| | MARK ANTHONY KILCOURSE 267 377-0842 at (| |
| - | Name of Contact Person Area Code Daytime Telephone Number | |
|] | MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Callahassee, FL 32314 Callahassee, FL 32314 Callahassee, FL 32301 Callahassee, FL 32301 Callahassee, FL 32301 | |
| | is a check for the following amount: \$\Begin{align*} \Begin{align*} align | |



August 4, 2015

MARK ANTHONY KILCOURSE 3603 SAMOA AVE NORTH PORT, FL 34287

SUBJECT: M.A.K. APPRAISALS, LLC

Ref. Number: W15000042848

We have received your document for M.A.K. APPRAISALS, LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

The jurisdiction under the laws of which the entity is incorporated or organized must be included in the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris Regulatory Specialist II

Letter Number: 615A00016321

15 AUG II PH I: 30



FLORIDA DEPARTMENT OF STATE Division of Corporations

June 22, 2015

MARK ANTHONY KILCOURSE 3603 SAMOA AVE NORTH PORT, FL 34287

SUBJECT: M.A.K. APPRAISALS, LLC

Ref. Number: W15000042848

15 AUG | 1 PH | 30

We have received your document for M.A.K. APPRAISALS, LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The jurisdiction under the laws of which the entity is incorporated or organized must be included in the document.

Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence or certificate of good standing, which usually consists of a single sheet of paper that clearly reflects the entity is a valid entity in its home state/country. You can obtain the certificate of existence or certificate of good standing from the same office that provided you with the certified copy.

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), AuthorizedPerson (AP), or Authorized Representative (AR).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris Regulatory Specialist II

Letter Number: 615A00013057

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:

| MKILCOURSE, LLC If name unavalable, enter a | Iternate name adopted for the purpos | se of transacting busin | ness in Florida. The alternate r | name must incl | ude "Limite |
|--|--|--|--|----------------|-------------|
| Liability Company," "I.L.C, | or "LLC.") | 27-3543314 | 5 | | |
| (Jurisdiction under the law company is organized) | of which toreign limited liability | 3. 27-3543315 | (FEI number, if applicat | ole) | |
| N/A | | | | | |
| | (Date first transacted busing (See sections 605.0904 & 605 | ess in Florida, if prior 5,0905, F.S. to determine | to registration.) | | |
| 3603 SAMOA AVE | | | | | |
| NORTH PORT, FL. 34 | ‡28 7 | - | | | |
| <u> </u> | (Street Address of | Principal Office) | | — <u> </u> | |
| 3603 SAMOA AVE | | | | :•: | <u>≥</u> |
| NORTH PORT, FL. 34 | 1 287 | | | 552 | <u> </u> |
| | | Address) | | | |
| . Name and street address | s of Florida registered agent: (P | O. Box NOT acce | ptable) | | PH |
| Name: | lame and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: MARK ANTHONY KILCOURSE | | | | ••• |
| Office Address: | 3603 SAMOA AVE | | | 97 | 30 |
| | | | | | |
| Office Address, | NORTH PORT | | 34287 | | |
| Registered agent's accep | | | , Florida 34287 (Zip code) | | |
| Registered agent's accep Having been named as re his application, I hereby | (City) tance: gistered agent and to accept ser accept the appointment as regis statutes relative to the proper an ition as registered agent. | tered agent and agi nd eomplete perforn | (Zip code) the above stated corporation ree to act in this capacity. nance of my duties, and I | I further agi | ree to comp |
| Registered agent's acceptaving been named as rethis application, I hereby with the provisions of all the obligations of my positions. | (City) tance: gistered agent and to accept ser accept the appointment as regis statutes relative to the proper an ition as registered agent. Regist acity and address of the person(s) | tered agent and agent and eomplete perform tered agent's signature who has/have authors. | (Zip code) the above stated corporation ree to act in this capacity. nance of my duties, and I | I further agi | ree to comp |
| Registered agent's acceptaving been named as rethis application, I hereby with the provisions of all the obligations of my positions. | (City) tance: gistered agent and to accept ser accept the appointment as regis statutes relative to the proper an ition as registered agent. Regist | tered agent and agent and eomplete perform tered agent's signature who has/have authors. | (Zip code) the above stated corporation ree to act in this capacity. nance of my duties, and I | I further agi | ree to comp |
| Registered agent's acceptaving been named as relation, I hereby with the provisions of all the obligations of my positions. 8. The name, title or capamark ANTHONY KILO | (City) tance: gistered agent and to accept ser accept the appointment as regis statutes relative to the proper an ition as registered agent. Regist acity and address of the person(s) | tered agent and agent and eomplete perform tered agent's signature who has/have authors. | (Zip code) the above stated corporation ree to act in this capacity. nance of my duties, and I | I further agi | ree to comp |

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 ANTHONY KILCOURSE

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF STATE

JULY 22, 2015

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

M.A.K. APPRAISALS, LLC

is duly organized as a Pennsylvania Limited Liability Company under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT, This Subsistence Certificate shall not imply that all fees, taxes, and penalties owed to the Commonwealth of Pennsylvania are paid.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written.

Secretary of the Commonwealth

Redus a. Contés

Certification Number: 12808739-1 Verify this certificate online at http://www.corporations.state.pa.us/corp/soskb/yerify.asp