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COVER LETTER

	Registration Section Division of Corporation	ns				
SUBJEC	John M Melvan LL	С				
SCIMIC		Name o	of Limited Liability (Company		
					insact Business in Florida," (company to transact busine	
Please ret	turn all correspondence of	concerning this matter to the	ne following:			
	John M Melva	1				
			Name of Person			
	John M Melva	1 LLC				
	- 1,,		Firm/Company	,		
	13019 Sorrento	Rd, PO Box 34190				
			Address			
	Pensacola, FL	32507				
		City	State and Zip Code			
	jmm@jmmllc.in	fo				
		E-mail address: (to be us	sed for future annual	report not	ification)	
For further	er information concernin	g this matter, please call:				
	John M Melvan		414 at (630-100	06	
-	Name o	of Contact Person	Area Code	Day	time Telephone Number	
! !	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314			Division Registrati Clifton B 2661 Exe	CADDRESS: of Corporations ion Section uilding secutive Center Circle see, FL 32301	
	is a check for the follow ☐ \$125.00 Filing Fee	ring amount: ☐ \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filir Certified Copy	ng Fee &	■ \$160.00 Filing Fee, Cer of Status & Certified 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 COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA;

		for the purpose of transacting bus	siness in Florida. The all	ernate narr	ne must in	clude "Limited
Liability Company," "L.L.C, 2. Alabama, Baldwin Cou		3. 20-23831	29			
(Jurisdiction under the law company is organized)	of which foreign limite	ed liability	(FEI number, if	ipplicable)		
4	(Duta Good ton)	nsacted business in Florida, if pri-	on to registration)		_	
	(See sections 60:	15.0904 & 605.0905, F.S. to deter	mine penalty liability)			
5		<u> </u>	 		-	
13019 Sorrento Rd	(Stree	et Address of Principal Office)		`1 ***	-	
6. Pensacola, FL 32507	·			SEC		inger;
PO Box 31490, Pensac	cola, FL 32507			RET	EFF	111
		(Mailing Address)		SERV	28	
7. Name and street addres	ss of Florida register	ed agent: (P.O. Box NOT acc	ceptable)	m on	T	
Name:	John M. Melvan	. ,		STA ATS		<u>.</u>
Office Address:	13019 Sorrento Rd	1			42	
	Pensacola		, Florida 32507	,		
Registered agent's accep		(City)		code)	-	
lesignated in this applica o complywith the provisi	tion, I hereby accept ons of all statutes re	to accept service of process fo It the appointment as registere elative to the proper and comp tered agent.	ed agent and agree to	act in thi	s capaci	ty. I further agi
		Wellich /hel				
		(Registered agent's signatu	ure)		=	
accept the obligations of t		Medica /hel	•	re;	_	
8. The name, title or cap		(Registered agent's signature the person(s) who has/have au	•	re:		_
8. The name, title or cap	acity and address of t	(Registered agent's signature the person(s) who has/have au	•	re:		-
8. The name, title or cap	acity and address of t	(Registered agent's signature the person(s) who has/have au	•	re:		- -
8. The name, title or caps Managing Member O. Attached is a certificate urisdiction under the law	acity and address of the state of existence, no more of which it is organized.	(Registered agent's signature the person(s) who has/have au	thority to manage is/a	al having		
8. The name, title or capa Managing Member O. Attached is a certificate urisdiction under the law	acity and address of the state of existence, no more of which it is organized.	(Registered agent's signature the person(s) who has/have autre than 90 days old, duly auther	thority to manage is/a	al having		
8. The name, title or capa Managing Member Attached is a certificate urisdiction under the law of the translator must be such that	acity and address of the state of existence, no more of which it is organizabmitted)	(Registered agent's signature than 90 days old, duly authorized. (If the certificate is in a formal signature of an authorized possection 605.0203 (1) (b), Flori	thority to manage is/a enticated by the official oreign language, a transcription	al having of salation of	the certification that	ificate under oat
8. The name, title or capa Managing Member 9. Attached is a certificate jurisdiction under the law of the translator must be sufficiently the sufficient of	acity and address of the state of existence, no more of which it is organizabmitted)	(Registered agent's signature) (Registered agent's signature) the person(s) who has/have authorized policy and the person of an authorized policy are the person of an authorized policy and the person of an authorized policy are the person of a per	thority to manage is/a enticated by the official oreign language, a transcription	al having of salation of	the certification that	ificate under oat

Typed or printed name of signee

John H. Merrill Secretary of State P.O. Box 5616 Montgomery, AL 36103-5616

STATE OF ALABAMA

I, John H. Merrill, 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 John M Melvan LLC was formed in Baldwin County, Alabama on March 7, 2014. The Alabama Entity Identification number for this entity is 298-636. I further certify that the records do not disclose that said entity has been dissolved, cancelled or terminated.



20150925000008978

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.

9/25/2015

Date

X 24. Marill

John H. Merrill

Secretary of State