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	(Requestor's Name)
- , ,	(Address)
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PICK-U	P WAIT MAIL
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	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
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Special Instruction	s to Filing Officer:
	





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COVER LETTER

10:	egistration Section vivision of Corporations	
SUBJE	MKS TRANS UC	
	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 Flori	
Please	irn all correspondence concerning this matter to the following:	
	Joey Roberts / Curtis Roberts	
	MKS Trans LLC	
	Firm/Company	
	217 Emerald Coast Club Blvd	
	Address	
	Panama City Beach FL 32407 City/State and Zip Code	
	·	
	E-mail address: (to be used for future annual report notification)	
For furt	information concerning this matter, please call:	
	Joey Robers at (229) 425 8862 Name of Person Area Code Daytime Telephone Number	
	IAILING ADDRESS: ivision of Corporations egistration Section O. Box 6327 Clifton Building allahassee, FL 32314 STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	
Enclos	is a check for the following amount: 1 \$125.00 Filing Fee	

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOW LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORI		N
1. MKS TRANS UC (Name of Foreign Limited Liability Company; must include "Limited Liability Company).	ity Company," "L.L.C.," or "LLC.")	
(If name unavailable, enter alternate name adopted for the purpose of transacting bu consent of the managers or managing members adopting the alternate name. The alternate, "LLC," "LLC.")	ernate name must include "Limited Liability	
2. Jexas 3. 47 (Jurisdiction under the law of which foreign limited liability (F)	7-2623772	
(Jurisdiction under the law of which foreign limited liability company is organized) (Fi	El number, if applicable)	
4.	₹° ₹	
(Date first transacted business in Florida, if prior to reg (See sections 605.0904 & 605.0905, F.S. to determine pe	enalty liability) ∑≥‡ri \frown	
5. 217 Emerald Coast Club Blvd		1 :
5. 217 Emerald Coast Club Blvd Panama City Beach Fl. 3. (Street Address of Principal Office	enalty liability)	1
/(Street Address of Principal Office	5 5	
6	စွိုင်္ဂါ ယ	
Same as about	Ve	
(Mailing Address)		
7. The name, title or capacity and address of the person(s) who has/h	nave authority to manage is/are:	
CFD JoeyRobers aka Curt	is Robers	
CED JoeyRobers aka Cury, 217 Emerald Coast Club Blvo	L	
Panama City Beach, FL		
8. Attached is an original certificate of existence, no more than 90 days old, duly auther in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable translation of the certificate under oath of the translator must be submitted.)		
Signature of an authorized per		
(In accordance with section 605.0203, F.S., the execution of this document penalties of perjury that the facts stated herein are true. I am aware that a document to the Department of State constitutes a third degree felo	any false information submitted in a	
Typed or printed name of signee	<u>0</u>	
Typed or printed name of signed		

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:		
MKS Trans UC		
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:		
Joey Roberts CEO (Name) APRIL 1997	15 8 7	נְ
10 6 - 11 C AFRIA DIA		
Florida Street Address (P.O. Box NOT ACCEPTABLE)	PH 12: 36	Ĭ
Panama City Beach FL 32407 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.

Jong Roym Cto
(Signature)

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

Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for MKS TRANS, LLC (file number 802121632), a Domestic Limited Liability Company (LLC), was filed in this office on December 19, 2014.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on October 14, 2015.



Cull C — Carlos H. Cascos

Secretary of State

TID: 10264

Dial: 7-1-1 for Relay Services Document: 635673750002