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COVER LETTER

TO:	Registration Section Division of Corporations					
SUBJE	MS Hospitality, LLC					
	Name of Limited Liability Company					
	osed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of e, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida					
Please	turn all correspondence concerning this matter to the following:					
	Brooke Carter					
	Name of Person					
	MS Hospitality, LLC					
Firm/Company						
	167 Tucker Cemetery Road					
Address						
	Gassville, AR 72635					
	City/State and Zip Code					
	brooke@magnessoil.com					
	E-mail address: (to be used for future annual report notification)					
For fur	er information concerning this matter, please call:					
	Brooke Carter 870 425-4353 at ()					
	Name of Contact Person Area Code Daytime Telephone Number					
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314 STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301					
Enclose	is a check for the following amount: \$\Boxed{\Pi}\$ \$125.00 \text{ Filing Fee} \Boxed{\Pi}\$ \$130.00 \text{ Filing Fee} & \Boxed{\Pi}\$ \$155.00 \text{ Filing Fee} & \Boxed{\Pi}\$ \$160.00 \text{ Filing Fee}, \text{ Certificate of Status} \text{ Certified Copy} \text{ 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:

1. MS Hospitality, LLC (Name of Fore	ign Limited Liability Company; mus	t include "Limited Li	ability Company," "L.L.C.," or "LL	C.")
(If name unavailable, enter al Liability Company," "L.L.C,"	ternate name adopted for the purpose or "LLC.")	of transacting busin	ess in Florida. The alternate name m	ust include "Limited
Arkansas		3 27-3330571		
(Jurisdiction under the law company is organized)	of which foreign limited liability	J	(FEI number, if applicable)	
4	(Date first transacted busines (See sections 605.0904 & 605.0	ss in Florida, if prior 0905, F.S. to determi	to registration.) ne penalty liability)	
5. 167 Tucker Cemetery	Road			
Gassville, AR 72635				
	(Street Address of P	rincipal Office)	······································	
6. 167 Tucker Cemetery F	Road			
Gassville, AR 72635				
	(Mailing A	\ddress)		FO F
7. Name and street addres	s of Florida registered agent: (P.	O. Box NOT acce	ptable)	量子
Name:	Theresa C. O'Brien		_	,
Office Address:	20244 Melville St.			
	Orlando		, Florida	
Registered agent's accep	(City)		(Zip code)	
Having been named as re designated in this applica to complywith the provisi	gistered agent and to accept serv tion, I hereby accept the appoint ons of all statutes relative to the p my position as registered agent.	ment as registered proper and comple	agent and agree to act in this co	ipacity. I further agree
Jeffi	ncity and address of the person(s)	who has/have auth Member	ority to manage is/are:	
	Tucker Cemet	ery Road		
Gass	ville, AR 72	635		·
	2/6/1		eign language, a translation of the	

Typed or printed name of signee

Jeffrey Magness

Arkansas Secretary of State Mark Martin

State Capitol Building ◆ Little Rock, Arkansas 72201-1094 ◆ 501-682-3409

Certificate of Good Standing

I, Mark Martin, Secretary of State of the State of Arkansas, and as such, keeper of the records of domestic and foreign corporations, do hereby certify that the records of this office show

MS HOSPITALITY, LLC

authorized to transact business in the State of Arkansas as a Limited Liability Company, filed Articles of Organization in this office July 22, 2010.

Our records reflect that said entity, having complied with all statutory requirements in the State of Arkansas, is qualified to transact business in this State.



In Testimony Whereof, I have hereunto set my hand and affixed my official Seal. Done at my office in the City of Little Rock, this 28th day of December 2015.

Mark Martin

Secretary of State Authorization Code: 87c49090f6d7865

To verify the Authorization Code, visit sos.arkansas.gov