1864

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H16000055868 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations ...

Fax Number

: (850)617-6383

From:

Account Name

: SAAVEDRA, GOODWIN

Account Number : 120040000091

Phone

(954)767-6333

Fax Number

(954)767-8111

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: Kfenichele Saavlaw.com

Foreign Limited Liability Company MK Operations, LLC

Certificate of Status		0
Certified Copy	:	1
Page Count		03
Estimated Charge		\$155.00

Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

ject:	MK OPERATIONS, LLC				
·~;	Name of l	Limited Liability (опрату		.
nclosed ' ence, and	Application by Foreign Limited Liability Comp check are submitted to register the above refere	any for Authoriza moed foreign limit	tion to Transact and hability comp	Business in Florida, pany to tumsect busi	" Certif Iness in
o retorn s	ll correspondence concerning this matter to the	following:			
	Kimberly Penichel				•
	No	one of Person			
	Saavedra Goodwin	· ·			_
	Fi	rm/Company			-
	312 S.E. 17th Street, Second Floor	: '			***
		Address			
	Fort Lauderdale, Florida 33316				
	City/S	tate and Zip Code			
	kfenichei@saavlaw.com	• • • • • • • • • • • • • • • • • • • •			
	E-mail address: (to be used	for future annual	repart notificati	on)	
urther inf	ormation concerning this matter, please call:	· .			٠.
Kiml	parly Fenichel	954 at (767-6333		
	Name of Contact Person	Area Code	Daytime ?	Telephone Number	_
Divis Regi P.O.	LING ADDRESS: ion of Corporations stration Section Box 6327 hassee, FL 32314		STREET ADI Division of Cor Registration Se Clifton Buildin 2661 Executive Tallahassee, FI	rportitions ction g Center Circle	
losed is a : [] \$1	check for the following amount: 25.00 Filing Fee \$\frac{100}{200}\$\$\$\$\$ \$130.00 Filing Fee \$\frac{1000}{200}\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$	☐ \$155.00 Filin	ng Fee & □\$. 32301 160.00 Filing Pec, (liams & Certified C	

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS

	NINESS IN THE STATE OF FLORIDA:		
MK OPERATIONS, L			
(Name of For	eiga Limited Liability Company; must in	lude "Limited Liability Company," "LLC.," o	r T.I.C.")
(If name unavailable, enter a	itemate name adopted for the purpose of	transacting business in Florida. The alternate na	me must include "Limited
Liability Company," "L.U.C.	" or "LLC.")		
2. Delaware	of which foreign limited liability	3. 81-1300575 (FEI number, if applicable	
company is organized)	of Amor soraign control thintitis.	/Ltx remnosi n shirmson	y
4. Upon registration			_
	(Date first transacted business in (See sections 605.0904 & 605.090)	Florida, if prior to registration.) 5. P.S. to determine penalty flability)	
3. 2865 Plummer Cove F			
Jacksonville, Florida 3	2223		= -
	(Street Address of Princ	ipal Office)	
6. Same			
			50 30 W
	(Mailing Addr	068)	三篇 呈 []
7 Name and street addre	ss of Florida registered agent: (P.O. I	lox NOT accentable)	
Name:	L. Forrest Owens, Esq.	ook Was are alreaded	020 15 15 15 15 15 15 15 15 15 15 15 15 15
	312 S.E. 17th Street, Second Floor		50
PROMINIA ANTHE	Service and the service of the servi		
Office Address:	Fort Lauderdale, Florida	Florida 33316	
Registered agent's accep	Fort Lauderdale, Florida (City)	(Zip code)	— willy company at the place
Registered agent's accep Having been named as re lesignated in this applica to complywith the provisi	Fort Lauderdalo, Florida (City) innce: gistered agant and to accept service tion, I hereby accept the appointmen	, rionaa	vis onpacity. I further agree
Registered agent's accep Having been named as re designated in this applica to complywith the provisi	Fort Lauderdale, Florida (City) innce: gistered agant and to accept service tion, I hereby accept the appointment ons of all statutes relative to the prof my position as registered agant.	(Zip code) of process for the above stated limited linit as registered agent and agree to act in t	vis onpacity. I further agree
Registered agent's accept Having been named as re designated in this applica to complywith the provisi accept the obligations of	Fort Lauderdale, Florida (City) innce: gistered agant and to accept service tion, I hereby accept the appointment ons of all statutes relative to the prof my position as registered agant. (Registured	(Zip code) of process for the above stated limited linited as registered agent and agree to act in the state complete performance of my duties agent's signature)	vis onpacity. I further agree
Registered agent's acception of the lawing been named as to designated in this applicate complywith the provision of the obligations of the obligations of the obligations. 8. The name, title or capt	Fort Lauderdale, Florida (City) tance: gistered agant and to accept service tion, I hereby accept the appointment one of all statutes relative to the prog my position as registered agent (Registered	(Zip code) of process for the above stated limited lial at as registered agent and agree to act in the area of my dutie agent's signature) bas/have authority to manage is/are:	vis onpacity. I further agree
Registered agent's acception of the lawing been named as to designated in this applicate complywith the provision of the obligations of the obligations of the obligations. 8. The name, title or capt	Fort Lauderdale, Florida (City) innce: gistered agant and to accept service tion, I hereby accept the appointment ons of all statutes relative to the prof my position as registered agant. (Registured	(Zip code) of process for the above stated limited lial at as registered agent and agree to act in the area of my dutie agent's signature) bas/have authority to manage is/are:	vis onpacity. I further agree
Registered agent's acception of the lawing been named as to designated in this applicate complywith the provision of the obligations of the obligations of the obligations. 8. The name, title or capt	Fort Lauderdale, Florida (City) tance: gistered agant and to accept service tion, I hereby accept the appointment one of all statutes relative to the prog my position as registered agent (Registered	(Zip code) of process for the above stated limited lial at as registered agent and agree to act in the area of my dutie agent's signature) bas/have authority to manage is/are:	vis onpacity. I further agree
Registered agent's accept Having been named as re- designated in this applica- to comply with the provisi- accept the obligations of a 8. The name, title or cap	Fort Lauderdale, Florida (City) tance: gistered agant and to accept service tion, I hereby accept the appointment one of all statutes relative to the prog my position as registered agent (Registered	(Zip code) of process for the above stated limited lial at as registered agent and agree to act in the area of my dutie agent's signature) bas/have authority to manage is/are:	vis onpacity. I further agree
Registered agent's acception that the provision of the comply with the provision accept the obligations of the same, title or captions Kraemer, Manager 1	Fort Lauderdale, Florida (City) tance: gistered agant and to accept service sion, I hereby accept the appointment one of all statutes relative to the prop my position as registered agent (Registered acity and address of the person(s) who (MGR), 2651 Forest Circle, Jacksonv	(Zip code) of process for the above stated limited liai at as registered agent and agree to act in to as add complete performance of my dutie agent's signature) has/have authority to manage is/are: ille, Florida 32257	his capacity. I further agrees, and I am familiar with a
Registered agent's acceptioning been named as redesignated in this applicate complywith the provision accept the obligations of the same, title or captions ark Kraemer, Manager of the Attached is a certificate.	Fort Lauderdale, Florida (City) tance: gistered agent and to accept service sion, I hereby accept the appointment one of all statutes relative to the prop my position as registered agent. (Registered acity and address of the person(s) who (MGR), 2651 Forest Circle, Jacksonv of existence, no more than 90 days of	(Zip code) of process for the above stated limited liable as registered agent and agree to act in the stated complete performance of my duties agent's signature) bas/have authority to manage is/are: ille, Florida 32257	tis capacity. I further agrees, and I am familiar with a
Registered agent's acceptioning been named as relesignated in this applicate complywith the provision accept the obligations of the name, title or captions are Kracmer, Manager of Attached is a certificate urisdiction under the law	Fort Lauderdale, Florida (City) itance: gistered agent and to accept service tion, I hereby accept the appointment ons of all statutes relative to the prop my position as registered agent. (Registered acity and address of the person(s) who (MGR), 2651 Forest Circle, Jacksonv of existence, no more than 90 days of of which it is organized. (If the certifilialimitted)	(Zip code) of process for the above stated limited liable as registered agent and agree to act in the art of complete performance of my dutie agent's signature) bas/have authority to manage is/are: ille, Florida 32257	tis capacity. I further agrees, and I am familiar with a
Registered agent's acceptioning been named as relesignated in this applicate complywith the provision accept the obligations of the name, title or captions are Kracmer, Manager of Attached is a certificate urisdiction under the law	Fort Lauderdale, Florida (City) itance: gistered agent and to accept service tion, I hereby accept the appointment ons of all statutes relative to the prop my position as registered agent. (Registered acity and address of the person(s) who (MGR), 2651 Forest Circle, Jacksonv of existence, no more than 90 days of of which it is organized. (If the certifilialimitted)	(Zip code) of process for the above stated limited liable as registered agent and agree to act in the art of complete performance of my dutie agent's signature) bas/have authority to manage is/are: ille, Florida 32257	tis capacity. I further agrees, and I am familiar with a
Registered agent's acceptioning been named as redesignated in this applicate complywith the provision accept the obligations of the same, title or captions ark Kraemer, Manager of the Attached is a certificate.	Fort Lauderdale, Florida (City) tance: gistered agent and to accept service sion, I hereby accept the appointment one of all statutes relative to the property my position as registered agent. (Registered acity and address of the person(s) who (MGR), 2651 Forest Circle, Jacksonv of existence, no more than 90 days of	(Zip code) of process for the above stated limited liable as registered agent and agree to act in the art of complete performance of my dutie agent's signature) bas/have authority to manage is/are: ille, Florida 32257	tis capacity. I further agrees, and I am familiar with a
Registered agent's acceptioning been named as relesignated in this applicate to complywith the provision accept the obligations of the name, title or captions. 8. The name, title or captions of the translator must be sufficient to t	Fort Lauderdale, Florida (City) tance: gistered agant and to accept service tion, I hereby accept the appointment ons of all statutes relative to the progray position as registered agent (Registered acity and address of the person(s) who (MGR), 2651 Forest Circle, Jacksonv of existence, no more than 90 days of which it is organized. (If the certificationitied) Signature of status accordance with section 605.0203	(Zip code) of process for the above stated limited liable as registered agent and agree to act in the extrapolate performance of my dutie agent's signature) o bas/have authority to manage is/are: ille, Florida 32257 id, duly authenticated by the official having cate is in a foreign language, a translation of authorized person (1) (b), Florida Statutes. I am aware that an	is capacity. I further agrees, and I am familiar with a custody of records in the of the continuate under oath
Registered agent's acceptioning been named as relesignated in this applicate to complywith the provision accept the obligations of the name, title or captions. 8. The name, title or captions of the translator must be sufficient to t	Fort Lauderdale, Florida (City) tance: gistered agant and to accept service sion, I hereby accept the appointment ons of all statutes relative to the prop my position as registered agent (Registered acity and address of the person(s) who (MGR), 2651 Forest Circle, Jacksonv of existence, no more than 90 days of the which it is organized. (If the certifilitemitted) Signature of st in accordance with section 605.0203 the Department of State constitutes a	(Zip code) of process for the above stated limited liable as registered agent and agree to act in the state complete performance of my duties agent's signature) bas/have authority to manage is/are: ille, Florida 32257	is capacity. I further agrees, and I am familiar with a custody of records in the of the continuate under oath
Registered agent's acceptioning been named as relesignated in this applicate to complywith the provision accept the obligations of the name, title or captions. 8. The name, title or captions of the translator must be sufficient to t	Fort Lauderdale, Florida (City) tance: gistered agant and to accept service tion, I hereby accept the appaintment one of all statutes relative to the prop my position as registered agent (Registered acity and address of the person(s) who (MGR), 2651 Forest Circle, Jacksonv of existence, no more than 90 days of of which it is organized. (If the certifical abmitted) Signature of st in accordance with section 605.0203 the Department of State constitutes a Mark Kraemer, Manager	(Zip code) of process for the above stated limited liable as registered agent and agree to act in the extrapolate performance of my dutie agent's signature) o bas/have authority to manage is/are: ille, Florida 32257 id, duly authenticated by the official having cate is in a foreign language, a translation of authorized person (1) (b), Florida Statutes. I am aware that an	is capacity. I further agrees, and I am familiar with a custody of records in the of the continuate under oath

Delaware

The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "MK OPERATIONS, 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 TWENTY-SIXTH DAY OF FEBRUARY, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MK OPERATIONS, LLC" WAS FORMED ON THE TWENTY-SECOND DAY OF JANUARY, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

5944303 8300 SR# 20161217787

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

Authentication: 201894993

Date: 02-26-16

((H16000055868 3)))