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(Daminatada Maras)	
(Requestor's Name)	
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(Address)	
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(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	





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03/15/16--01010--023 **902.50

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COVER LETTER

TO: Ragistration Section Divinion of Corporations		
SUBJECT: MBTR LLC Name of Limited Liability Company		
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited (tablility company to transact business in Florida		
Please return all correspondence concerning this matter to the following:		
Timothy Jones		
MBTR LLC		
La mocondusta		
P.O. Box 83		
Address		
West Terre Haute, IN 47885 City/State and Zip Gode		
City/State and Zip Code Tim. Jones 2 @ 53. Com B-mail address: (to be used for future annual report nodification)		
B-mail address: (to be used for future amual report podification)		
For further information concerning this matter, please call:		
Timoty Jones at 812 240-3066 Name of Contact Person Area Code Daytime Telephone Number		
Name of Contact Person Area Code Daytime Telephone Number		
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314 MAILING ADDRESS: Division of Corporations Registration Section Clifton Building Tallahassee, FL 32314 Tallahassee, FL 32301		
Enclosed is a check for the following amount: E \$125.00 Filing Fee		
138.75 Annual Report for 2014 138.75 "2015" 500.00 Civil Penalty		

KLOTZ LAW OFFICE

John J. Klotz II 648 Walnut Street Terre Haute, Indiana 47807 john@klotzlawoffice.com

Telephone: (812) 917-5055

Facsimile: (812) 917-5088

August 11, 2016

Florida Department of State Division of Corporations Corporate Records PO Box 6327 Tallahassee, Florida 32314 Attention: Jenna D. Harris Regulatory Specialist II

RE: MBTR LLC - Ref. Number: W16000019860

Dear Ms. Harris:

I hope that you are doing well. I am legal counsel for MBTR LLC. Enclosed please find the updated Certificate of Existence that was requested in your letter number 216A00005480.

If you have any questions regarding the enclosed or otherwise, please do not hesitate to contact me.

Yours sincerely,

John J Kiotz

JJK/klm Enclosure(s)



May 20, 2016

TIMOTHY JONES P.O. BOX 83 WEST TERRE HAUTE, IN 47885

SUBJECT: MBTR LLC

Ref. Number: W16000019860

We have received your document for MBTR LLC and your check(s) totaling \$902.50. However, the document has not been filed and is being retained in this office for the following:

The certificate of existence must be issued within the last 90 days by the Secretary of State which has custody of the records in the jurisdiction under the laws of which the above listed entity is incorporated/organized.

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: 216A00005480

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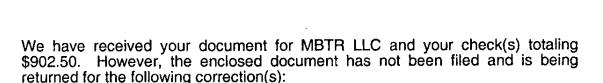
FLORIDA DEPARTMENT OF STATE Division of Corporations

March 16, 2016

TIMOTHY JONES P.O. BOX 83 WEST TERRE HAUTE, IN 47885

SUBJECT: MBTR LLC

Ref. Number: W16000019860



Pursuant to section 607.1502(4), 617.1502(4) or 605.0904(7), Florida Statutes, this entity is liable for a civil penalty of at least \$500 but not more than \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification. In addition to this civil penalty, the appropriate annual report fees that would have been due this office had the entity qualified the year it began operations in this state are also due. The amount due this office to cover both annual report(s) and penalty fees is \$916.25

There is a balance due of \$138.75.,

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: 216A00005480

www.sunbiz.org

Application by foreign Limited Liability	TY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA
IN COMPLIANCE WITH SECTION 605,0902, PLORIDA STATUTE COMPANY TO TRANSACT BLEINESS IN THE STATE OF FLORID	IS THE FOLLOWING IS SCIEMITTED TO RECEISTER A FOREIGN LIMITED LIABILITY M:
MBTRL	LC
	int monds "Limited Liability Company," "L.L.C.," or "L.C.")
(if many may allow, either attended forms adopted for the purpo Liability Company, " "L.L.C." or "LLC.")	es of transacting butlases in Florida. The alternate name must include "Limited
Indiana	3.
(Aunitation under the law of which fareign limited liability company is organized)	(FBI sumber, if applicable)
12 29 2017	
(Dete first transacted frustr (See sentions 605.0904 & 60	ress in Florids, if prior to registration.]. 5.0901, F.S. to determine pensity liability)
5 3359 South We	
West Terre Hank	IN 41885
(Street Address of	
6 P.O. B	30x 83 \$\sigma \sigma \s
W. J. T U	laute. IN 47885
	laute, IN 47885
7. Name and street address of Florida registered agent: (P.O. Box NOT accentable)
	drings
	Ing' 2K C
Pinellas Park	FL Florids 35'181 On On
(City) Registered agent's acceptance:	(Ztp code)
Having bean named as registered agent and to accept an	rvice of process for the above stated limited liability company at the place rigens as registered agent and agree to act in tids capacity. I further agree
to complywith the provisions of all statutes relative to the	s groper and complete performance of my duties, and I am familiar with and
accept the obligations of my position as registered agent.	
- Robert A. C	Unding
	noted stant, a statuta)
8. The name, title or capacity and address of the person(s) who has/have authority to manage la/are:
Nto 11/2 yer - Timothy W. Jones 3359	South Westward Place, West Terre Haute IN42885
Manage-Bryant W. Jones, 21996	E. Macke Road, Marshall, IL 62441
Manager- Reuben T- Jones, P.O. Bo	
jurisdiction under the law of which it is organized. (If the	ays old, duly authenticated by the official having custody of records in the curtificate is in a fixeign language, a translation of the certificate under oath
of the translator must be submitted)	
Stammer	to far substituted person
This document is executed in accordance with section 605, submitted in a document to the Department of State constitution.	.0203 (1) (b), Florida Statutes. I am aware that any false information utes a third degree felony as provided for in s.817.155, P.S.
Tim	Jones
Typed or	printed name of signee

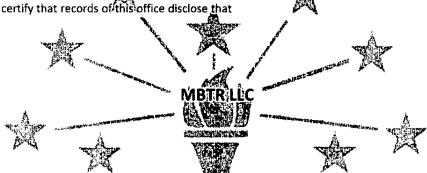
State of Indiana Office of the Secretary of State

CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greeting:

I, CONNIE LAWSON, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execute this certificate.

I further certify that records of this office disclose that



duly filed the requisite documents to commence business activities under the laws of the State of Indiana on October 29, 2013, and was in existence or authorized to transact business. In the State of Indiana on August 11, 2016.

I further certifiy this Domestic Limited Liability Company has filed its most recent report required by Indiana law with the Secretary of State, or is not ver required to file such report, and that no notice of withdrawal, dissolution, or expiration has been filed or taken place.







In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, August 11, 2016

Corrie Famon

CONNIE LAWSON SECRETARY OF STATE

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Verify this certificate:https://bsd.sos.in.gov/ValidateCertificate