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SECRETARY OF STATE
ALLAHASSEE FI ORION



COVER LETTER

TO:

Registration Section
Division of Corporations

MJR Scorpion, 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 liability company to transact business in Florida..

Please return all correspondence concerning this matter to the following:

Morgan Bottger					
Name of Person					
Liberis Law Firm					
Firm/Company					
212 West Intendencia					
Address					
Pensacola, Florida 32502					
City/State and Zip Code					
Admin@liberislaw.com					
E-mail address: (to be used for future annual report notification)					

For further information concerning this matter, please call:

Morgan Bottger

,,850

438-9647

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

Enclosed is a check for the following amount:

□ \$125.00 Filing Fee

■ \$130.00 Filing Fee & Certificate of Status

□ \$155.00 Filing Fee & Certified Copy

□ \$160.00 Filing Fee, Certificate 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 COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

(If n	ame unavailable, enter alternate i	name adopted for the purpose of transacting business in Flor	ida. The alternate name must include "Limited Liab	oility Company," "L.L.C." or "LLC.")
2.	Nyoming		3.	
	(Jurisdiction under the law of w	hich foreign limited liability company is organized)	(FEI numb	er, if applicable)
4.				
Τ.		(Date first transacted business in Florida, if prior to r (See sections 605.0904 & 605.0905, F.S. to determin	egistration.) le nenalty liability)	
5	6188 Hummingbi		6. 6188 Hummingbird L	ane
	(Street Address of	Principal Office)	(Mailing Addr	ress)
Crestview, Florida		a 32536	Crestview Flirida, 32	536
-				70 S
7.	Name and street address	ss of Florida registered agent: (P.O. Box	NOT_acceptable)	F0 7 ==
	Name:	Morgan Bottger, Esq.		SSI =
	0.00	212 West Intendencia St.		
	Office Address:			டு வ
		Pensacola	, Florida 32536	_ ## i
		egistered agent and to accept service of p ation, I hereby accept the appointment as		
		ions of an statutes retailve to the proper i	and complete performance of my (iuties, ana i am jamutar with
		s of my position as registered agent.	and complete performance of my o	tuties, and I am Jamuiar with
			and complete performance of my o	nunes, and 1 am Jamuiar with
			n .	nunes, and 1 am Jamuiar with
ane	d accept the obligation	s of my position as registered agent. Office (Registered agent) s	ignature)	nunes, and 1 am Jamuiar with
ane	d accept the obligation	s of my position as registered agent.	ignature)	Name and Address:
ane	I accept the obligation The name, title or cap.	(Registered agent) (Registered agent) acity and address of the person(s) who has	ignature) s/have authority to manage is/are:	
ane	The name, title or cap	acity and address of the person(s) who has Mame and Address: Michael Rosenbaum 6188 Hummingbird Lane	ignature) s/have authority to manage is/are:	
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ane	The name, title or cap	acity and address of the person(s) who has Mame and Address: Michael Rosenbaum 6188 Hummingbird Lane	ignature) s/have authority to manage is/are:	
8.	The name, title or cap	(Registered agent) (Registered agent) (Registered agent) s acity and address of the person(s) who has Name and Address: Michael Rosenbaum 6188 Hummingbird Lane Crestview, Florida 32536	ignature) s/have authority to manage is/are:	
8.	The name, title or cap. Title or Capacity: Manager se attachments if neces	(Registered agent) (Registered agent) (Registered agent) s acity and address of the person(s) who has Name and Address: Michael Rosenbaum 6188 Hummingbird Lane Crestview, Florida 32536	ignature) s/have authority to manage is/are: Title or Capacity:	Name and Address:
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Typed or printed name of signee

STATE OF WYOMING Office of the Secretary of State

I, ED MURRAY, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

MJR Scorpion, LLC

is a

Limited Liability Company

formed or qualified under the laws of Wyoming did on **May 4, 2017**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2017-000752512**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 4th day of May, 2017 at 8:25 AM. This certificate is assigned 022995328.



Secretary of State

Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website http://wyobiz.wy.gov and following the instructions displayed under Validate Certificate.