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FLORIDA DEPARTMENT OF STATE Division of Corporations

May 19, 2017

GENA ROLAND 1255 COMMERCE DR GULF SHORES, AL 36542

SUBJECT: MCINNIS INVESTMENTS, LLC

Ref. Number: W17000042841

We have received your document for MCINNIS INVESTMENTS, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

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.

Dionne M Pijeaux Regulatory Specialist

Letter Number: 817A00010116

FILED FILED

COVER LETTER

TO: Registration Section
Division of Corporations

McInnis Investments, LLC

SUBJECT:

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:

| Gena Roland | |
|--------------------------|--|
| Name of Person | |
| McInnis Investments, LLC | |
| Firm/Company | |
| 1255 Commerce Drive | |
| Address | |
| Gulf Shores, AL 36542 | |
| City/State and Zip Code | |
| penkilborn@mcinnis.net | |

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ben Kilborn

_{...}251

455-5289

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 LIMBILITY 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:

| Delaware (Duradiction under the law of which strenge humsed liability company is organized) (PEI number, if applicable) (PEI number, if applicable) N/A (Date first transacted numbers in Planda. If prox to regettration: (Street Address) (Mailing Address) (City) (Dig odd) (Dig Series Lands Address) (City) (Registered agent and agree to act in this capacity. I furth comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familial daccept the abligations of any position as registered agent. (Registered agent's signature) (Registered agent's signature) The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Title or Capacity: Name and Address: Name and | | | | |
|--|---|--|--|---|
| Composition under the law of which bordign himsel liability company is organized. | | name adopted for the purpose of transacting business in Flor | ida. The alternate name must include "Limite | d Liability Company," "L.L C," or "LLC |
| N/A Commerce Drive Commerce Drive Commerce Drive Commerce Co | Delaware | | 3. | |
| (Date first transacted humones in Flowlish if prots to registration) 1255 Commerce Drive (Street Address of Francish Office) Gulf Shores, AL 36542 Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Johh McInnis Office Address: 17401 Perdido Key Drive Pensacola (City) Gistered agent's acceptance: (City) gistered agent's acceptance: (City) gistered agent and to accept service of process for the above stated limited liability company at the signated in this application. I hereby accept the appointment as registered agent and agree to act in this capacity. I further comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familia d accept the obligations of my position as registered agent. (Registered agent's signature) The name, title or capacity and address of the herson(s) who has/have authority to manage is/are: Title or Capacity: Name and Address: John M. McInnis, J. John M. McInnis, III John M. | (Jurisdiction under the law of w | hich foreign limited liability company is organized) | (FEI | number, if applicable) |
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| Signature of an authorization of the certificate under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under the certificate under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under the law of which it is organized. | | (Date first transacted business in Florida, if prior to (See sections 605 0904 & 605,0905, F.S. to determine | registration (ne penalty liability) | |
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| Name: Johh McInnis Office Address: 17401 Perdido Key Drive Pensacola (City) (City) | Gulf Shores, AL | 36542 | | |
| Name: Johh McInnis Office Address: 17401 Perdido Key Drive Pensacola (City) (City) | | | | |
| Name: Johh McInnis Office Address: 17401 Perdido Key Drive Pensacola (City) gistered agent's acceptance: wing been named as registered agent and to accept service of process for the above stated limited liability company at the ignated in this application. I hereby accept the appointment as registered agent and agree to act in this capacity. I furth comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familia di accept the obligations of my position as registered agent. (Registered agent's signature) The name, title or capacity: Name and Address: Title or Capacity: Name and Address: Dohn M. McInnis, Jr. Paul Register John M. McInnis, Jr. John M. McInnis, Ill Jenni Register | | | | <u>_</u> |
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Typed or printed name of signee

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "MCINNIS INVESTMENTS, 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-EIGHTH DAY OF APRIL, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MCINNIS INVESTMENTS, LLC" WAS FORMED ON THE TWENTY-EIGHTH DAY OF NOVEMBER, A.D. 2006.

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

FILED WIN 59

Section of the sectio

4262452 8300 SR# 20172888404 Authentication: 202456682

James W. Bulloca, Secretary of State

Date: 04-28-17