M1700001003a

1. HARRIS

(Danuarkada Nama)
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Calculate Land, Value)
(Document Number)
(Bocument Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



500305785825

11/28/17--01030--030 **160.00

COVER LETTER

TO:

Registration Section

Div	rision of Corporation	ns					
SUBJECT:	MARKAL, LLC						
SCENECT.	Name of Limited Liability Company						
					ansact Business in Florida," C y company to transact busines		
Please return	n all correspondence	concerning this matter to the	following:				
	Sheil A. Hawki	ins					
		N	lame of Person				
	MARKAL, LL	С					
		F	irm/Company	-			
	5905 Mt Fagle	Dr, Suite 514					
	Address						
	Alexandria/VA	22303					
		City/S	State and Zip Code				
	sheila.hawkins@	imcg.org					
		E-mail address: (to be use	d for future annual	report no	ification)		
For further is	nformation concerning	g this matter, please call:					
She	eila A. Hawkins		703	863-83			
_	Name (of Contact Person	at (Area Code	Day	time Telephone Number		
Div Reg P.C	AILING ADDRESS: vision of Corporations gistration Section). Box 6327 lahassee, FL 32314			Division Registrat Clifton B 2661 Exc	of Corporations ion Section suilding centive Center Circle see, FL 32301		
	a check for the follow \$125.00 Filing Fee	ring amount: \$\Boxed{\subset}\$ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filir Certified Copy	ng Fee &	\$160.00 Filing Fee, Cert 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 HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

(If name unavailable, enter alternate n	ame adopted for the purpose of transacting business in	Florida. The alternate name must include "Limited.	Liability Company," "L1	. C," or "LL	C 7)
2. Utah		3 47-2267463			
	nich foreign limited liability company is organized)	(FEI n	umber, if applicable)		-
4 No business conducted	in Florida to date.				
···	(Date first transacted business in Florida, if prior (See sections 605 0904 & 605 0905, F.S. to dete	to registration.)			
5 5904 Mt Fagle Dr		6 5904 Mt Eagle Dr			
(Street Address of I	नाम्हका (अर्थेल्)	(Mailing A	(ddress)		•
Suite 514		Suite 514		2	_
Alexandria, VA 22303		Alexandria, VA 22303	.•		
7. Name and <u>street addres</u>	ss of Florida registered agent: (P.O. Be	ox <u>NOT</u> acceptable)		5¥27	
Name:	Anthony Giscombe			-71 -21	* .
Office Address:	1231 Taylor St		•	43	
Silve reductor.	Post Co. I	22050		·	•
	Punta Gorda	, Florida ³³⁹⁵⁰		,	,
designated in this applica to comply with the provisi	gistered agent and to accept service of tion, I hereby accept the appointment ons of all statutes relative to the prop s of my position as registered agent.	(Zip of process for the above stated limit as registered agent and agree to a er and complete performance of m	ted liability comp act in this capacit	y. I furti	her agre
Having been named as re designated in this applica to comply with the provisi	tance: gistered agent and to accept service o tion, I hereby accept the appointment ions of all statutes relative to the prop s of my position as registered agent.	(Zip of process for the above stated limit as registered agent and agree to a er and complete performance of m	ted liability comp act in this capacit	y. I furti	her agre
Having been named as redesignated in this application to comply with the provision and accept the obligation.	tance: gistered agent and to accept service o tion, I hereby accept the appointment ons of all statutes relative to the prop	(Ziper) If process for the above stated limit the as registered agent and agree to a ser and complete performance of many states of the signature)	ted liability comp ict in this capacit ny duties, and I a	y. I furt m famili	her agre ar with
Having been named as redesignated in this applicate to comply with the provision and accept the obligation: 8. The name, title or cape	tance: gistered agent and to accept service of sion, I hereby accept the appointment ions of all statutes relative to the prop s of my position as registered agent. (registered agent text) (registered agent)	(Ziper of process for the above stated limit as registered agent and agree to a ser and complete performance of manage is/are has/have authority to manage is/are	ted liability comp tet in this capacit ty duties, and I a	y. I furt m famili	her agre ar with
Having been named as redesignated in this applicate to comply with the provision and accept the obligation: 8. The name, title or cape Title or Capacity:	tance: gistered agent and to accept service of stion, I hereby accept the appointment ons of all statutes relative to the proper of my position as registered agent. (registered agent and address of the person(s) who Name and Address: Sheila A. Hawkins 5904 Mt. Eagle Dr., Unit 51	(Zip of process for the above stated limit as registered agent and agree to a ser and complete performance of me stated limit. (1) A signature) has/have authority to manage is/are Title or Capacity:	ted liability comp tet in this capacit ty duties, and I a	y. I furt m famili	her agre ar with
Having been named as redesignated in this applicate to comply with the provision and accept the obligation: 8. The name, title or cape Title or Capacity:	tance: gistered agent and to accept service of sion, I hereby accept the appointment ons of all statutes relative to the prop s of my position as registered agent. (registered agent teity and address of the person(s) who Name and Address: Sheila A. Hawkins	(Zip of process for the above stated limit as registered agent and agree to a ser and complete performance of me stated limit. (1) A signature) has/have authority to manage is/are Title or Capacity:	ted liability comp tet in this capacit ty duties, and I a	y. I furt m famili	her agre ar with
Having been named as redesignated in this applicate to comply with the provision and accept the obligation: 8. The name, title or cape Title or Capacity:	tance: gistered agent and to accept service of stion, I hereby accept the appointment ons of all statutes relative to the proper of my position as registered agent. (registered agent and address of the person(s) who Name and Address: Sheila A. Hawkins 5904 Mt. Eagle Dr., Unit 51	(Zip of process for the above stated limit as registered agent and agree to a ser and complete performance of me stated limit. (1) A signature) has/have authority to manage is/are Title or Capacity:	ted liability comp tet in this capacit ty duties, and I a	y. I furt m famili	her agre ar with
Having been named as redesignated in this applicate to comply with the provision and accept the obligation: 8. The name, title or cape Title or Capacity:	tance: gistered agent and to accept service of stion, I hereby accept the appointment ons of all statutes relative to the proper of my position as registered agent. (registered agent and address of the person(s) who Name and Address: Sheila A. Hawkins 5904 Mt. Eagle Dr., Unit 51	(Zip of process for the above stated limit as registered agent and agree to a ser and complete performance of me stated limit. (1) A signature) has/have authority to manage is/are Title or Capacity:	ted liability comp tet in this capacit ty duties, and I a	y. I furt m famili	her agre ar with
Having been named as redesignated in this applicate to comply with the provision and accept the obligation: 8. The name, title or cape Title or Capacity:	tance: gistered agent and to accept service of stion, I hereby accept the appointment ons of all statutes relative to the proper of my position as registered agent. (registered agent and address of the person(s) who Name and Address: Sheila A. Hawkins 5904 Mt. Eagle Dr., Unit 51	(Zip of process for the above stated limit as registered agent and agree to a ser and complete performance of me stated limit. (1) A signature) has/have authority to manage is/are Title or Capacity:	ted liability comp tet in this capacit ty duties, and I a	y. I furt m famili	her agre ar with
Having been named as redesignated in this applicate to comply with the provision and accept the obligation: 8. The name, title or cape Title or Capacity:	tance: gistered agent and to accept service of tion, I hereby accept the appointment ons of all statutes relative to the property of my position as registered agent. (Fegistered agent and address of the person(s) who Name and Address: Sheila A. Hawkins 5904 Mt. Eagle Dr., Unit 51 Alexandria, VA 22303	(Zip of process for the above stated limit as registered agent and agree to a ser and complete performance of me stated limit. (1) A signature) has/have authority to manage is/are Title or Capacity:	ted liability comp tet in this capacit ty duties, and I a	y. I furt m famili	her agre ar with

Typed or printed name of signee



Utah Department of Commerce

Division of Corporations & Commercial Code

160 East 300 South, 2nd Floor, PO Box 146705 Salt Lake City, UT 84114-6705 Service Center: (801) 530-4849 Toll Free: (877) 526-3994 Utah Residents

Fax: (801) 530-6438

Web Site: http://www.commerce.utah.gov

09/20/2017 9211975-016009202017-519179

CERTIFICATE OF EXISTENCE

Registration Number:

9211975-0160

Business Name:

MARKAL, LLC

Registered Date:

November 06, 2014

Entity Type:

LLC - Domestic

Current Status:

Good Standing

The Division of Corporations and Commercial Code of the State of Utah, custodian of the records of business registrations, certifies that the business entity on this certificate is authorized to transact business and was duly registered under the laws of the State of Utah. The Division also certifies that this entity has paid all fees and penalties owed to this state; its most recent annual report has been filed by the Division (unless Delinquent); and, that Articles of Dissolution have not been filed.



Hathy Berg

Kathy Berg Director

Division of Corporations and Commercial Code