

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (512) 418-6949
Fax Number : (954) 208-0845

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

Email Address: _____

Foreign Limited Liability Company
MCK HOSPITALITY GROUP, LLC

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

2017 DEC 27 AM 11:28

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17 DEC 26 PM 4:49
TALLAHASSEE, FLORIDA

DEC 28 2017

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HONOR ORIGINAL DATE 12-26-17

MCK HOSPITALITY GROUP LLC
40 KEASLER AVE
LODI, NJ 07644

December 26, 2017

Special Delivery

Florida Department of State
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

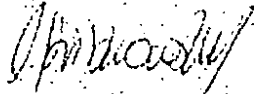
Re: MCK Hospitality Group LLC - L17000181238

Dear Sir or Madam:

MCK Hospitality Group LLC, a Florida limited liability company (the "Company") was dissolved by the filing of voluntary Articles of Dissolution on December 22, 2017. The Company has no intention of revoking the dissolution, and therefore, releases the name for use to another entity.

Should you have any questions or comments, please do not hesitate to contact me directly.

Very truly yours,



Christina Gribkowsky
Member

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17 DEC 26 PM 2:49
TALLAHASSEE, FLORIDA

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:

1. MCK Hospitality Group, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

N/A.

(If name not available, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Delaware 3. 82-2556319
(Jurisdiction under the law of which foreign limited liability company is organized) (FPI number, if applicable)

4. _____
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0903, F.S. to determine penalty liability)

5. 1624 Haven Drive 6. 1624 Haven Drive
(Street Address of Principal Office) (Mailing Address)
Orlando, FL 32803 Orlando, FL 32803

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Michael Brito
Office Address: 1624 Haven Drive
Orlando, Florida 32803
(City) (Zip code)

Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity, I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with, and accept the obligations of my position as registered agent.

Michael Brito
(Registered agent's signature)

8. 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	Title or Capacity	Name and Address
Manager	<u>Christina Gribkowsky</u> <u>1624 Haven Drive</u> <u>Orlando, FL 32803</u>		
Manager	<u>Michael Brito</u> <u>1624 Haven Drive</u> <u>Orlando, FL 32803</u>		

(Use attachments if necessary)

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.135, F.S.

Christina Gribkowsky
(Typed or printed name of signer)

(Signature of authorized person)

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TALLAHASSEE, FLORIDA

Delaware

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Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MCK HOSPITALITY GROUP, 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-SECOND DAY OF DECEMBER, A.D. 2017.

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

PW

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17 DEC 26 PM 4:49
TALLAHASSEE, FLORIDA



6511552 8300

SR# 20177743097

You may verify this certificate online at corp.delaware.gov/authver.shtmlA handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 203819239

Date: 12-22-17

850-617-6381

12/26/2017 1:52:53 PM PAGE 1/001 Fax Server

HONOR ORIGINAL DATE 12-26-17



December 26, 2017

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CT

SUBJECT: MCK HOSPITALITY GROUP, LLC
REF: W17000101260

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of a voluntarily dissolved business entity. The name of a voluntarily dissolved business entity is not available for the assumption or use by another entity until 120 days after the effective date of dissolution unless the dissolved business entity provides the Department of State with an affidavit or letter, stating that they have no intention of revoking the dissolution, therefore, releasing the name for use to another entity.

The document submitted does not meet legibility requirements for electronic filing. Please do not attempt to refax this document until the quality has been improved.

If you have any further questions concerning your document, please call (850) 245-6051.

Justin M Shivers
Regulatory Specialist II Supervisor
Registration/Qualification Section

FAX Aud. #: H17000337565
Letter Number: 517A00026043

2017 DEC 27 AM 11:20

P.O. BOX 6327 - Tallahassee, Florida 32314