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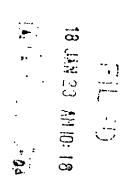
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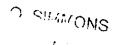


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JAN 22 2018







340 N. Westlake Blvd. | Suite 210 | Westlake Village, CA 91362

January 16, 2018

Registration Section
Division of Sorporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Algernod MK, LLC

To whom it may concern:

The Enclosed Application by Foreign LLC and Fee(s) are submitted for filing. Also, please find enclosed a check for state filing fees in the amount of \$155.00 made payable to the FL Dept of State. For information to this filing at the undersigned.

Thank you in advance and please return all correspondence in regards to this filing using the pre addressed stamped envelope included.

Sincerely,

Amanda J. Beren, Sr. Document Analyst CorpNet, Incorporated 888-449-2638 Ext. 105 filings@corpnet.com

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPILANCE 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 alt	erinte name adopted for the purpose of transacting busin	ess in Florida. The alternat	e name must include "Limited Liab	nifity Commany ""1 F.C." or "[T.C.")	
2 Wyoming	the same supplied to the purpose of names and other		e rame man member 1.mace Elec	miny company, 12 is c. or elect)	
<u>ت. </u>	aw of which foreign limited liability company is organize	3. <u> </u>	(FEI numb	er, if applicable)	
4 03/25/2014					
4.	(Date first transacted business in Florida, (See sections 605 0904 & 605 0905, F.S.	of prior to registration.)	n:\		
e 2314 W Spencer	Run Phoenix, AZ 85041	• •	• *	niv A7 85041	
(Street Add	ress of Principal Office)	6. <u>23.</u>	4 W Spencer Run Phoei (Mailing Addr	ess) 1c CO	
				V (.,
				···; 55	
7. Name and street a	ddress of Florida registered agent: (P.	O. Box <u>NOT</u> acce	otable)		١.
Name:	Registered Agents Inc.			. ,	٠.
ranic.				, , , , , , , , , , , , , , , , , , , ,	
Office Addr	ess: 3030 N. Rocky Point Dr. Ste. 15	50A		ري الله	
	Tampa		, Florida <u>33607</u>	,	
Registered agent's a	(City)		(Zip code	?)	
to comply with the p	rovisions of all statutes relative to the ations of my position as registered age	proper and comple	agent and agree to act i te performance of my a	nt mis cupacity. I jartner uj luties, and I am familiar wil	ice gree th
to comply with the p	rovisions of all statutes relative to the ations of my position as registered age	proper and comple nt.	agent und agree to act to get	luties, and I am familiar wi	gree
to comply with the p and accept the oblig	rovisions of all statutes relative to the ations of my position as registered age	proper and comple int. dagent's signature)	ete performance of my a	tuties, and I am familiar wil	gree
to comply with the pand accept the obligation. 8. The name, title of	rovisions of all statutes relative to the ations of my position as registered age (Registered repairs) (Registered repairs)	proper and comple int. d agent's signature)	ete performance of my a	luties, and I am familiar wil	gree
to comply with the pland accept the obligation. 8. The name, title of Title or Capacit	(Registered and address of the person(s) Name and Address:	proper and comple int. d agent's signature)	ete performance of my a	Name and Address:	gree
to comply with the pland accept the obligation. 8. The name, title of	revisions of all statutes relative to the ations of my position as registered age (Registered represents and address of the person(s)) Name and Address: Stephanic Lowe	proper and comple int. d agent's signature)	ete performance of my a	luties, and I am familiar wil	gree
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to comply with the pland accept the obligation. 8. The name, title of Title or Capacit	(Registered address of the person(s) Name and Address: Stephanic Lowe 2314 W Spencer Run	proper and comple int. d agent's signature)	ete performance of my a	luties, and I am familiar wil	gree
to comply with the pland accept the obligation. 8. The name, title of Title or Capacit	(Registered address of the person(s) Name and Address: Stephanic Lowe 2314 W Spencer Run	proper and comple int. d agent's signature)	ete performance of my a	luties, and I am familiar wil	gree
to comply with the pland accept the obligation. 8. The name, title of Title or Capacity. Member	(Registered age ations of my position as registered age (Registered age ations of my position as registered age (Registered age at a capacity and address of the person(s) (Sty: Name and Address: Stephanic Lowe 2314 W Spencer Run Phoenix, AZ 8504)	proper and comple int. d agent's signature)	ete performance of my a	luties, and I am familiar wil	gree
to comply with the pland accept the obligation. 8. The name, title of Title or Capacity. Member	(Registered age ations of my position as registered age (Registered age ations of my position as registered age (Registered age at a capacity and address of the person(s) (Sty: Name and Address: Stephanic Lowe 2314 W Spencer Run Phoenix, AZ 8504)	proper and comple int. d agent's signature) who has/have autho	ete performance of my a	luties, and I am familiar wil	gree
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STATE OF WYOMING Office of the Secretary of State

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

Algernod MK, LLC

is a Limited Liability Company

formed or qualified under the laws of Wyoming did on **March 25, 2014**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2014-000661708**.

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 28th day of December, 2017 at 10:29 AM. This certificate is assigned 025061623.

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.