

# M18000001799

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(Requestor's Name)

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(Address)

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(Address)

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(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2018 FEB 21 P 2:47

FILED



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 2, 2018

HEATHER COTEY  
1033 N MAYFAIR RD SUITE 200  
MILWAUKEE, WI 53226

SUBJECT: MISSION SUPPORT SERVICES, LLC  
Ref. Number: W18000010951

We have received your document for MISSION SUPPORT SERVICES, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Therefore, the limited liability company must select an alternate name for use in the state of Florida.

Please insert the alternate name in the space provided on the application form.

The alternate name must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC". The abbreviations "Ltd." and "Co.", also are no longer acceptable.

The document number of the name conflict is N00000001763.

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 Pijaux  
Regulatory Specialist

Letter Number: 518A00002246

RECEIVED

FEB 21 2018

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Mission Support Services, 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:

Heather Cotey

Name of Person

Mission Support Services

Firm/Company

1033 N. Mayfair Road, Suite 200

Address

Milwaukee, WI 53226

City/State and Zip Code

hcotey@oesegroup.com

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

For further information concerning this matter, please call:

Heather Cotey

414

607-6728

at ( )

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

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2018 FEB 21 P 2:47  
TALLAHASSEE, FL  
DIVISION OF CORPORATIONS

**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. Mission Support Services, LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")  
Mission Support Services, Nevada, LLC  
(If name unavailable, 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. Nevada 3. 80-0812619  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)
4. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)
5. 1033 N. Mayfair Road, Suite 202 6. 1033 N. Mayfair Road, Suite 202  
(Street Address of Principal Office) (Mailing Address)  
Milwaukee, WI 53226 Milwaukee, WI 53226

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

Name: Daryll Long

Office Address: 75 S. F Street, Suite A  
Pensacola, Florida 32502  
(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.*

[Signature]  
(Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<u>Board Chairwoman</u>	<u>Jacquelyn Zalim</u> <u>1033 N. Mayfair Rd, Ste 202</u> <u>Milwaukee, WI 53226</u>	<u>Board Member</u>	<u>Jeff House</u> <u>1033 N. Mayfair Rd, Ste 202</u> <u>Milwaukee, WI 53226</u>
<u>Board Member</u>	<u>Wilbert Rentmeester</u> <u>1033 N. Mayfair Rd, Ste 202</u> <u>Milwaukee, WI 53226</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.817.155, F.S.

Heather Cotey  
(Signature of an authorized person)

Heather Cotey, Corporate Secretary

(Typed or printed name of signer)

FILED  
2018 FEB 1  
P 2:47  
CLERK OF CIRCUIT COURT  
MILWAUKEE COUNTY, WI

# SECRETARY OF STATE



## CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, Barbara K. Cegavske, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation sales, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate. **FILED**

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **MISSION SUPPORT SERVICES, LLC**, as a limited liability company duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since April 9, 2012, and is in good standing in this state.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on January 28, 2018.

*Barbara K. Cegavske*

Barbara K. Cegavske  
Secretary of State

Electronic Certificate  
Certificate Number: C20180128-0246  
You may verify this electronic certificate  
online at <http://www.nvsos.gov/>