

M18000004156

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP☐ WAIT

MAIL

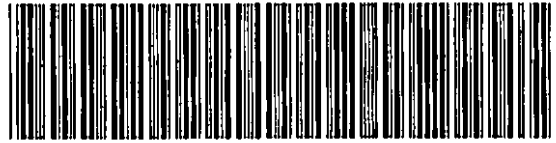
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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1. State of Georgia

J. I. EGGETT
MAY 01 2018

1. 45-1000 75754



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 16, 2018

TOM NOBLE
6771 PROFESSIONAL PKWY W, STE 101
SARASOTA, FL 34240 US

SUBJECT: MJR VENTURES, LLC
Ref. Number: W18000035754

We have received your document for MJR VENTURES, 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):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Enclosed

Please return the corrected original and one copy of 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.

Judy A Leggett
Regulatory Specialist II
Registration Section

Letter Number: 318A00007639

RECEIVED
2018 APR 30 PM 2:37
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
HASSELL

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: MJR Ventures, 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:

Tom Noble

Name of Person

Firm/Company

6771 Professional Pkwy W, Ste 101

Address

Sarasota, FL 34240

City/State and Zip Code

tmoble@hotmail.com

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

For further information concerning this matter, please call:

Tom Noble

941

650-6899

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

**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. MJR Ventures, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "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. Wyoming 3. 30-0877375
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 04/01/2018
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. <u>6771 Professional Pkwy W</u> (Street Address of Principal Office)	6. <u>6771 Professional Pkwy W</u> (Mailing Address)
<u>Ste 101</u>	<u>Ste 101</u>
<u>Sarasota, FL 34240</u>	<u>Sarasota, FL 34240</u>

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

Name: Tom Noble

Office Address: 6771 Professional Pkwy W, Ste 101

Sarasota, Florida 34240
(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.


(Registered agent's signature)

10 APR 30 PM 4:14
CLERK OF COURT
CLERK OF COURT

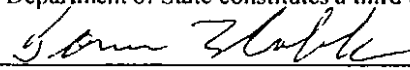
8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<u>Manager</u>	<u>Tom Noble</u> <u>6771 Professional Pkw W, Ste 101</u> <u>Sarasota, FL 34240</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.


Signature of an authorized person

Tom Noble
Typed or printed name of signer

STATE OF WYOMING
Office of the Secretary of State

I, EDWARD A. BUCHANAN, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

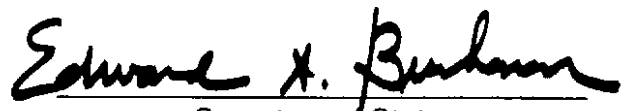
MJR Ventures LLC
is a
Limited Liability Company

formed or qualified under the laws of Wyoming did on **August 10, 2015**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2015-000692562**.

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 25th day of April, 2018 at 11:05 AM. This certificate is assigned 026300319.




Secretary of State