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(Requestor's Name)

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18 JUL -2 AM 9:56
STATE OF FLORIDA
TALLAHASSEE

R. WHITE
JUL 05 2018

M18000006155

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Mappie Management, 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:

Francis Vallor

Name of Person

Firm/Company

422 Black Springs Ln.

Address

Winter Garden, FL, 34787

City/State and Zip Code

fvallor@hotmail.com

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

For further information concerning this matter, please call:

Francis Vallor

Name of Contact Person

at (407)

Area Code

408-0752

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 20, 2018

FRANCIS VALLOR
422 BLACK SPRINGS LN.
WINTER GARDEN, FL 34787 US

SUBJECT: MAPPIE MANAGEMENT, LLC
Ref. Number: W18000057355

We have received your document for MAPPIE MANAGEMENT, 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 registered agent must sign accepting the designation.

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) 245-6050.

Rebekah White
Regulatory Specialist II

Letter Number: 018A00012847

RECEIVED
18 JUL -2 PM 12:43
SECRETARY OF STATE
TALLAHASSEE, FL 32311

**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. Mappie Management, 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. Alaska 3. _____
(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. 200 W. 34th Ave. #977 6. 422 Black Springs Ln.
(Street Address of Principal Office) (Mailing Address)
Anchorage, AK 99503 Winter Garden, FL 34787

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

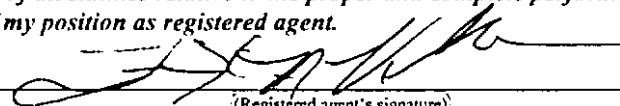
Name: Francis Vallor

Office Address: 422 Black Springs Ln.

Winter Garden, Florida 34787
(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)

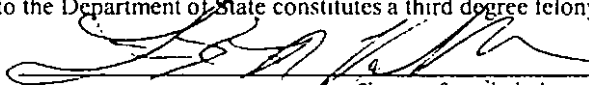
8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<u>Member</u>	<u>Francis Vallor</u> <u>422 Black Springs Ln.</u> <u>Winter Garden, FL 34787</u>	_____	_____
<u>Member</u>	<u>Pamela Gilley</u> <u>422 Black Springs Ln.</u> <u>Winter Garden, FL 34787</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

Francis Vallor

Typed or printed name of signee

FILED
18 JUL -2 AM
STATE OF FLORIDA
TALLAHASSEE

Alaska Entity #10082725

State of Alaska
Department of Commerce, Community, and Economic
Development
Corporations, Business, and Professional Licensing

Certificate of Compliance

The undersigned, as Commissioner of Commerce, Community, and Economic Development of the State of Alaska, and custodian of corporation records for said state, hereby issues a Certificate of Compliance for:

Mappie Management, LLC

This entity was formed on April 19, 2018 and is in good standing. This entity has filed all biennial reports and fees due at this time.

No information is available in this office on the financial condition, business activity or practices of this corporation.



IN TESTIMONY WHEREOF, I execute the certificate and affix the Great Seal of the State of Alaska effective April 20, 2018.

A handwritten signature in cursive script that reads "Mike Navarre".

Mike Navarre
Commissioner