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## COVER LETTER

TO:	Registration Section Division of Corporations
SUBJE	T: McGov Group ELC
	Name of Limited Liability Company
The end Existen	used "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate and check are submitted to register the above referenced foreign limited liability company to transact business in Flori
Please	turn all correspondence concerning this matter to the following:
	Matthew McGovern
	Name of Person
	McGov Group LLC
	Firm/Company
	16192 Coastal Highway
	Address
	Lewes, DE 19958
	City/State and Zip Code
	Service@mcgovllc.com
	E-mail address: (to be used for future annual report notification)
For furt	er information concerning this matter, please call:
	Matthew McGovern at ( 407 ) 617-7124
	Name of Contact Person Area Code Daytime Telephone Number
	MAILING ADDRESS:  Division of Corporations  Registration Section  P.O. Box 6327  Clifton Building  Fallahassee, FL 32314  STREET ADDRESS:  Division of Corporations  Registration Section  Clifton Building  Z661 Executive Center Circle  Tallahassee, FL 32301
Enclose	is a check for the following amount:  S125.00 Filing Fee Certificate of Status  S155.00 Filing Fee Status  Certified Copy  S155.00 Filing Fee Status Status Status Certified Copy

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

IN COMPTANCE WITH SECTION 605,0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN TIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

(Il name unavailable, enter alternate	name adopted for the purpose of transacting business in Fk	wula. The alternate na	ome must include "Lumited Li	abbre Comorne 201 1 220 or 0117225
) Delaware		3	83-0937641	monty company, 1, 1, c, or 1,1 c y
	stuch foreign limited hability company is organized)	.j.,		nker, (f applicable)
4. 7-19-18				
1	(Date first transacted business in Florida, if prior to (See sections 605 0904 & 605 0905, F.S. to determ	registration )		— <u> </u>
<sub>5.</sub> 16192 Coas		/	3607 Caruso P	lace S
(Street Address of	Principal Office)	0	(Mailing Ad	diessi
Lewes, DE	19958		Oviedo, FL 32	765
				्राप्त <b>य</b>
<ol> <li>Name and <u>street addre</u></li> </ol>	ss of Florida registered agent; (P.O. Bo)	x <u>NOT</u> accepta	ble)	10 T
Name:	Matthew McGovern			ABO CA
Office Address:	3607 Caruso Place			7
	Oviedo		, Florida3276	35
	(City)		, Florida 3276	dc)
lesignated in this applica o comply with the provis	otance: egistered agent and to accept service of ation, I hereby accept the appointment actions of all statutes relative to the property of my position as registered agent.  That Law treestered agent's	is registered ag r und complete MDZ	ent and agree to act	t in this capacity. I further as
lesignated in this applice of comply with the provisional accept the obligation accept the name, title or cap	egistered agent and to accept service of thion, I hereby accept the appointment actions of all statutes relative to the properts of my position as registered agent.  (Registered agent's acity and address of the person(s) who he	is registered ag r and complete M. Synalue; as/have authorit	ent and agree to act performance of my  ty to manage is/are:	t in this capacity. I further ay duties, and I am familiar wit
lesignated in this applicate ocomply with the provisional accept the obligation accept the name, title or cap  Title or Capacity:	egistered agent and to accept service of ation, I hereby accept the appointment actions of all statutes relative to the properties of my position as registered agent.  (Registered agent's acity and address of the person(s) who he Name and Address:	is registered ag r and complete M. Synalue; as/have authorit	ent and agree to acc performance of my	t in this capacity. I further as
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lesignated in this applicate of comply with the provising accept the obligation.  8. The name, title or cap Title or Capacity:  Owner  (Use attachments if necessarisdiction under the law)	egistered agent and to accept service of thion, I hereby accept the appointment actions of all statutes relative to the properties of my position as registered agent.  IRegistered agent's active and address of the person(s) who have and Address:  Matthew McGovern  3607 Caruso Place  Oviedo; FL 32765	is registered agr and complete  My 200  signalue)  as/have authorit  Title or 0	ty to manage is/are:	t in this capacity. I further as duties, and I am familiar wit Mame and Address:
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Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MCGOV 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 TWENTIETH DAY OF JUNE, A.D. 2018.

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Authentication: 202918319

Date: 06-20-18