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#### COVER LETTER

TO:	Registration Section Division of Corporations
SUBJ	MACKLIN PROPERTIES, LLC
3 () <b>D</b> 3	Name of Limited Liability Company
The er Existe	closed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida." Certific ice, and check are submitted to register the above referenced foreign limited liability company to transact business in Fl
Please	return all correspondence concerning this matter to the following:
	MICHELLE LIN
	Name of Person
	Firm/Company
	3925 STANFORD DRIVE
	Address
	OCEANSIDE, CA 92056
	City/State and Zip Code
	skeleton38@hotmail.com
	E-mail address: (to be used for future annual report notification)
For fu	ther information concerning this matter, please call:
	MICHELLE LIN 760 954-3650
	Name of Contact Person Area Code Daytime Telephone Number
	MAILING ADDRESS:STREET ADDRESS:Division of CorporationsDivision of CorporationsRegistration SectionRegistration SectionP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301
inclos	ed is a check for the following amount:  \$\Begin{align*} \Begin{align*} al

### 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: I. MACKLIN PROPERTIES, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") MACKLIN REAL PROPERTIES, LLC fft 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 "LL.C.") 2. CALIFORNIA 3. 83-2182237 (Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable) 4 11/01/2018 (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 3925 STANFORD DRIVE 6. 3925 STANFORD DRIVE (Street Address of Principal Office) (Mailing Address) OCEANSIDE, CA 92056 OCEANSIDE, CA 92056 7. Name and street address of Florida registered agent: (P.O. Box NQT acceptable) REGISTERED AGENTS INC. Name: 3030 N. Rocky Point Dr., STE 150A Office Address: Tampa , Florida 33607 (City) 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: Title or Capacity: Name and Address: Title or Capacity: Name and Address: LLC MANAGER MICHLLE LIN (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. ignature of an authorized person

Typed or printed same of signee

MICHELLE LIN

#### State of California

## Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME: MACKLIN PROPERTIES, LLC

FILE NUMBER: FORMATION DATE:

201827810490 10/01/2018

TYPE:

DOMESTIC LIMITED LIABILITY COMPANY

JURISDICTION:

CALIFORNIA

STATUS:

ACTIVE (GOOD STANDING)

I, ALEX PADILLA, Secretary of State of the State of California, hereby certify:

The records of this office indicate the entity is authorized to exercise all of its powers, rights and privileges in the State of California.

No information is available from this office regarding the financial condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of October 17, 2018.

ALEX PADILLA
Secretary of State