M14000005388

(Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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W18-78021

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08/20/18--01031--002 **125.00



D. BRUC JAN 11 2



August 28, 2018

MARK SCHERER 14726 SILVER GLEN DRIVE E JACKSONVILLE, FL 32258

SUBJECT: MCS COACHING AND CONSULTING LLC

Ref. Number: W18000078021

We have received your document for MCS COACHING AND CONSULTING LLC and your check(s) totaling \$125.00. However, the document has not been filed and is being retained in this office for the following:

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.

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.

Letter Number: 818A00017917

Deborah Bruce Corporate Records Supervisor

www.sunbiz.org

COVER LETTER

TO: Registration Section

Div	ision of Corporation	ons						
SUBJECT:		nd Consulting LLC						
SOM ECT.		Name of	Limited Liability	Company				
		reign Limited Liability Com ed to register the above refer						
Please return	all correspondence	concerning this matter to the	following:					
	Mark Scherer	-						
	 	N	ame of Person		•••••			
	MCS Coachir	ng and Consulting LLC				•		
	· · · · · · · · · · · · · · · · · · ·	F	irm/Company					
	14726 Silver	Glen Drive E						
			Address	_		·		
	Jacksonville,	FL 32258					<u> </u>	
		City/S	tate and Zip Code			- 1	富に	212 % % 4 %
	mkcscherer@g	mail.com						nemana Perisa
		E-mail address: (to be used	d for future annua	report not	tification)	:::::::::::::::::::::::::::::::::::::::		1
For further in	iformation concerning	g this matter, please call:				·	PE T:	27.0
Ma	rk Scherer		512 at (567-11	84		<u></u>	***
	Name o	of Contact Person	Area Code	Day	time Telephone Numb	per		
Divi Reg P.O	ILING ADDRESS: ision of Corporations istration Section . Box 6327 ahassee, FL 32314			Division Registrat Clifton B 2661 Exc	of Corporations ion Section duilding secutive Center Circle sec, FL 32301			
	check for the follow 125.00 Filing Fee	ring amount: \$\Bigsim \text{\$130.00 Filing Fee & Certificate of Status}\$	□ \$155.00 Filir Certified Copy	ng Fee &	☐ \$160.00 Filing Fe of Status & Certified		ate	

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:

If name unavailable, enter alternate	name adopted for the purpose of transacting business in Flo	orida, The alterna	te name must include "Limited Lia	bility Company," "L.L.C," or "LL.C.")
Texas		3.		
(Jurisdiction under the law of v	hich foreign limited liability company is organized)		(FEI numb	er, if applicable)
August 1, 2018				
	(Date first transacted business in Florida, if prior to (See sections 605.0904 & 605.0905, F.S. to determ	registration.) ine penalty liabili	ity)	
14726 Silver Glen E		6. Sa		
(Street Address of Jacksonville, FL 32:	•		(Mailing Add	ress)
Jacksonville, FL 32.	200			
		-		29.10
. Name and street addre	ss of Florida registered agent: (P.O. Box	NOT acce	ptable)	
Name:	Mark Scherer		_ _	2 是
Off 4.11-	14726 Silver Glen E			
Office Address:			_ _	
	Jacksonville		, Florida 32258	
egistered agent's accer	(City)		(Zip code	
nd accept the obligation	s of my position as registered agent.	una compi	ete performance of my i	raites, unu i am juminar w
nd accept the obligation	s of my position as registered agent. (Registered agent's	·	ete performance of my t	
. ,	(Registered agent's	signature)		
. ,		signature) as/have auth		Name and Address:
3. The name, title or cap	(Registered agent's acity and address of the person(s) who ha	signature) as/have auth	ority to manage is/are:	
The name, title or cap	(Registered agont's acity and address of the person(s) who have and Address: Mark Scherer 14726 Silver Glen E	signature) as/have auth	ority to manage is/are:	
3. The name, title or cap Title or Capacity:	(Registered agent's acity and address of the person(s) who have and Address: Mark Scherer	signature) as/have auth	ority to manage is/are:	
3. The name, title or cap Title or Capacity: President	(Registered agent's acity and address of the person(s) who hat Name and Address: Mark Scherer 14726 Silver Glen E Jacksonville, FL 32258	signature) as/have auth	ority to manage is/are:	
3. The name, title or cap Title or Capacity:	(Registered agent's acity and address of the person(s) who hat Name and Address: Mark Scherer 14726 Silver Glen E Jacksonville, FL 32258 Janice Watt	signature) as/have auth	ority to manage is/are:	
3. The name, title or cap Title or Capacity: President	(Registered agent's acity and address of the person(s) who hat Name and Address: Mark Scherer 14726 Silver Glen E Jacksonville, FL 32258	signature) as/have auth	ority to manage is/are:	
The name, title or cap Title or Capacity: President CPA	(Registered agent's acity and address of the person(s) who hat Name and Address: Mark Scherer 14726 Silver Glen E Jacksonville. FL 32258 Janice Watt 8518 Line Ave #103 Shreveport. LA 71106	signature) as/have auth	ority to manage is/are:	
The name, title or cap Title or Capacity: President CPA Use attachments if neces	(Registered agent's acity and address of the person(s) who hat Name and Address: Mark Scherer 14726 Silver Glen E Jacksonville. FL 32258 Janice Watt 8518 Line Ave #103 Shreveport. LA 71106	signature) as/have auth Title (ority to manage is/are:	Name and Address:
The name, title or cap Title or Capacity: President CPA Use attachments if neces Attached is a certificate	(Registered agent's acity and address of the person(s) who hat Name and Address: Mark Scherer 14726 Silver Glen E Jacksonville. FL 32258 Janice Watt 8518 Line Ave #103 Shreveport. LA 71106 sary) of existence, no more than 90 days old,	signature) as/have auth Title o	ority to manage is/are: or Capacity:	Name and Address:
3. The name, title or cap Title or Capacity: President CPA Use attachments if neces Attached is a certificate arisdiction under the law	(Registered agent's acity and address of the person(s) who hat Name and Address: Mark Scherer 14726 Silver Glen E Jacksonville. FL 32258 Janice Watt 8518 Line Ave #103 Shreveport. LA 71106 sary) of existence, no more than 90 days old, of which it is organized. (If the certificat	signature) as/have auth Title o	ority to manage is/are: or Capacity:	Name and Address:
3. The name, title or cap Title or Capacity: President CPA (Use attachments if neces) Attached is a certificate arisdiction under the law of the translator must be seen as a continuation of the translator must be seen arisdiction.	(Registered agent's acity and address of the person(s) who hat Name and Address: Mark Scherer 14726 Silver Glen E Jacksonville, FL 32258 Janice Watt 8518 Line Ave #103 Shreveport, LA 71106 sary) of existence, no more than 90 days old, of which it is organized. (If the certificat ubmitted)	as/have auth Title (ority to manage is/are: or Capacity: ticated by the official ha	Name and Address: ving custody of records in the certificate under o
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Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for MCS Coaching and Consulting, LLC (file number 802479438), a Domestic Limited Liability Company (LLC), was filed in this office on June 14, 2016.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on January 07, 2019.



Phone: (512) 463-5555 Prepared by: SOS-WEB David Whitley Secretary of State

Fax: (512) 463-5709 TID: 10264 Dial: 7-1-1 for Relay Services Document: 859645470003