

H1900007709

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H19000237990 3)))



H190002379903ABC7

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : SHUTTS & BOWEN LLP (ORLANDO)
Account Number : 120030000004
Phone : (407)835-6769
Fax Number : (407)843-4076

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: corpmail@shutts.com

**Foreign Limited Liability Company
Mihalik Consulting, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

RECEIVED
19 AUG -9 PM 4:16
SECRETARY OF
TALLAHASSEE

FILED

(((H19000237990 3)))

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS
IN FLORIDAIN 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. MIHALIK CONSULTING, 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. SOUTH CAROLINA

(Jurisdiction under the law of which foreign limited liability company is organized)

3. 81-4397400

(FBI number, if applicable)

4. _____

(Disc first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability.)

5. 1604 Florentino Lane

(Street Address of Principal Office)

Winter Park, Florida 32792

6. 1604 Florentino Lane

(Mailing Address)

Winter Park, Florida 32792

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

Name: Corporation Company of Orlando

Office Address: 300 South Orange Avenue, Suite 1600 (SAR)

Orlando

(City)

Florida 32801

(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.

Corporation Company of Orlando

By: _____

(Registered agent's signature)

J. Gregory Humphries, Vice President

(((H19000237990 3)))

(((H19000237990 3)))

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: Frank D. Mihalik	<input type="checkbox"/> Manager	Name: _____
<input checked="" type="checkbox"/> Member	Address: 1604 Florentino Lane	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	Winter Park, Florida 32792	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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.

Frank D. Mihalik

Signature of an authorized person

Frank D. Mihalik

Typed or printed name of signer

(((H19000237990 3)))

((H19000237990 3)))

The State of South Carolina



Office of Secretary of State Mark Hammond

Certificate of Existence

I, Mark Hammond, Secretary of State of South Carolina Hereby Certify that:

MIHALIK CONSULTING, LLC, a limited liability company duly organized under the laws of the State of South Carolina on November 1st, 2016, with a duration that is at will, has as of this date filed all reports due this office, paid all fees, taxes and penalties owed to the State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to S.C. Code Ann. §33-44-809, and that the company has not filed articles of termination as of the date hereof.

Given under my Hand and the Great Seal
of the State of South Carolina this 8th day
of August, 2019.


Mark Hammond, Secretary of State

((H19000237990 3)))