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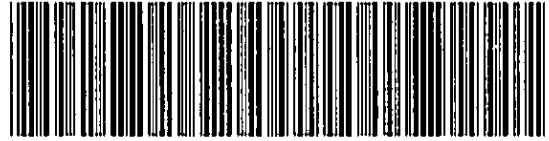
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21 Robert Pitt Drive Suite 310 • Monsey, NY 10952 • 845.356.8390 • Fax 845.356.8397

November 11, 2019

**Division of Corporations
Registration Section
PO Box 6327
Tallahassee, FL 32314**

Re: McCall's Systems, LLC

To Whom It May Concern:

Enclosed please find the Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida which was completed by our client McCall's Systems, LLC.

Once the application has been approved, please forward evidence of the approval to:

McCall's Systems, LLC
3808 Viade La Reina
Jacksonville, FL 32217

If there is any issue with the application, or if you require any further information, kindly contact us at the number or address listed below.

Respectfully,

Ninnette M Aquino
Corporate Compliance
Business Licenses, LLC
21 Robert Pitt Drive, Suite 310
Monsey, NY 10952
T: 845.356.8390 Ext. 216
F: 845.356.8397
E: aquinon@businesslicenses.com

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: McCalls' Systems 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:

Fredrick McCall

Name of Person

McCalls' Systems LLC

Firm/Company

3808 Viade La Reina

Address

Jacksonville FL 32217

City/State and Zip Code

27butfalos@gmail.com

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

For further information concerning this matter, please call:

Ninnette M Aquino

at (845)

356-8390 ext 216

Name of Contact Person

Area Code

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:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$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

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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. McCalls' Systems 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. Missouri 3. 47-4058840
(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. 3808 Viade La Reina 6. 3808 Viade La Reina
(Street Address of Principal Office) (Mailing Address)

Jacksonville FL 32217 Jacksonville FL 32217

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

Name: Fredrick S. McCall

Office Address: 3808 Viade La Reina

Jacksonville, Florida 32217
(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.

Fredrick S. McCall
(Registered agent's signature)

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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]:

Title or Capacity: **Name and Address:**
☒ Manager Name: Fredrick S. McCall
☒ Member Address: 3808 Vlade La Reina
☒ Authorized Jacksonville FL 32217
Person
☐ Other ☐ Other

☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized _____
Person
☐ Other ☐ Other

☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized _____
Person
☐ Other ☐ Other

Title or Capacity: **Name and Address:**
☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized _____
Person
☐ Other ☐ Other

☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized _____
Person
☐ Other ☐ Other

☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized _____
Person
☐ Other ☐ 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.



Signature of an authorized person

Fredrick S. McCall

Typed or printed name of signer

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]:

Title or Capacity: **Name and Address:**

☒ Manager Name: Fredrick S. McCall

☒ Member Address: 3808 Viade La Reina

☒ Authorized Jacksonville FL 32217

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

Title or Capacity: **Name and Address:**

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

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Signature of an authorized person

Fredrick S. McCall

Typed or printed name of signee

STATE OF MISSOURI



John R. Ashcroft
Secretary of State

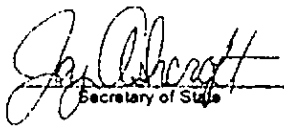
CORPORATION DIVISION
CERTIFICATE OF GOOD STANDING

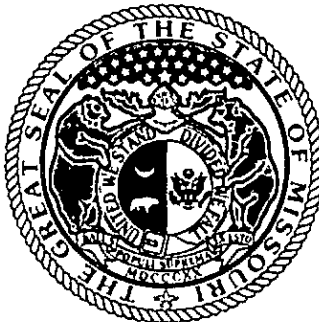
I, JOHN R. ASHCROFT, Secretary of State of the STATE OF MISSOURI, do hereby certify that the records in my office and in my care and custody reveal that

McCall's Systems LLC
LC001447904

was created under the laws of this State on the 20th day of May, 2015, and is active, having fully complied with all requirements of this office.

IN TESTIMONY WHEREOF, I hereunto set my hand and cause to be affixed the GREAT SEAL of the State of Missouri. Done at the City of Jefferson, this 22nd day of November, 2019.


Secretary of State



Certification Number: CERT-11222019-0042

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John R. Ashcroft

Missouri Secretary of State

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McCalls Systems LLC - Limited Liability Company

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Order Certificates

Fees for online certificates:

Certificate of Good Standing \$10.00

Abstract of Business Record \$10.00

Certified Abstract of Business Record \$15.00

Certificate of Fact* \$25.00

*Requests for Certificates of Fact must be reviewed by the Missouri Business Services Division. You will receive the certificate of fact via email once your request has been approved.

Abstract of Business Record 0

Certificate of Fact 0

Certificate of Good Standing 1

Certified Abstract of Business Record 0

Please provide all information you request to be included on the Certificate of Fact

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Select documents to order. There is a \$10 flat fee for online certified copy requests.

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If Certified

Limited Liability Company as of 7/31/2019 11:31 AM

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<input type="checkbox"/>	View Document	Creation	Articles of Organization	5/20/2015	5/20/2015

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