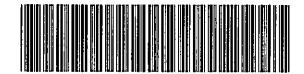
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### COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT:	MCMULLAN CONS	SULTING, LLC	-	-	ď	:
SUBJECT:	<del></del>	Name of Li	mited Liability	Company		_
		ign Limited Liability Comparto register the above referen				
Please return	all correspondence co	ncerning this matter to the fo	ollowing:			
	DANIEL MCMU	JLLAN				
		Nan	ne of Person			_
					ΤĂ	261
		Firm	n/Company		10	261,9 DEC
	2838 SW 18TH S	ST			HASS	C -3
			Address		7.7 174 11	PH.
	MIAMI, FL 3314	45			FLCA 07	2: 2
		City/Stat	te and Zip Code	;	07	- 'ði
	DRMCMULLAN(					
		E-mail address: (to be used t	for future annua	I report notification)		_
For further inf	formation concerning	this matter, please call:				
DAN	NIEL MCMULLAN		858 at (	354-7796		
	Name of	Contact Person	Area Code	Daytime Telep	hone Number	_
Divis Regi: P.O.	LING ADDRESS: sion of Corporations stration Section Box 6327 hassee, FL 32314			STREET ADDRES Division of Corpora Registration Section Clifton Building 2661 Executive Cen Tallahassee, FL 323	itions i iter Circle	
	osed is a check for the se make check payable	following amount: to: FLORIDA DEPARTN	1ENT OF STA	TE		
	5125.00 Filing Fee	S130.00 Filing Fee & Certificate of Statu		_	\$160.00 Filing of Status & Co	Fee, Certificate

### 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. MCMULLAN CON	SULTING, LLC ign Limited Liability Company; must include "Limite	ed Liability	Company." "L.L.C." or "LL.	<u>(:.")</u>	
[If name unavailable, enter alterna	ate name adopted for the purpose of transacting business in Flo	orida. The alte	rnate name must include "Limited	Liability Company," "L.I	"C," or "LLC."
ARIZONA			47-2415662		
(Jurisdiction under the law	of which foreign limited liability company is organized)	۶	(FEI number, if applicable)		
01/01/2020 4.					
·	(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determ	registration.)	ability)		
2520 CORAL WA'	Y	6.	2520 CORAL WAY (Mailing	Z019 IIEC	
(Street Address	of Principal Office)	··· <u>-</u>	(Mailing	Address)	•
SUITE 2-53		5	SUITE 2-53	-3 -3	
MIAMI, FL 33145			MIAMI, FL 33145	PH 2:25	
7. Name and street add	Iress of Florida registered agent: (P.O. Box	c <u>NOT</u> ac	eceptable)	10)A	
Name:	REGISTERED AGENTS INC.				
Office Address:	7901 4TH ST N STE 300 s:				
	ST. PETERSBURG		33702 , Florida		
	(City)		(Zip	code)	
n	<b>.</b>				

### 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.

Bell Have
(Registered agent's signature)

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: Title or Capacity: Name and Address: Name: DANIEL MCMULLAN Manager Manager Name: \_\_\_\_\_ \_\_\_\_ 2520 CORAL WAY Member Address: ☐ Member Address: **SUITE 2-53** Authorized Authorized MIAMI, FL 33145 Person Person Other\_\_ Other\_\_\_\_\_ Other\_ Other\_\_\_\_\_ Name: Manager Manager Member Address: ☐ Member Address: \_\_\_\_ Authorized Authorized Person Person Other Other Other Manager ■ Manager Name: Member ☐ Member Address: Address: \_\_\_\_\_ Authorized Authorized Person Person Other\_\_\_\_ Other Other \_ Other Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed 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. DANIEL R MCMULLAN

Typed or printed name of signee





# STATE OF ARIZONA



## Office of the CORPORATION COMMISSION

### CERTIFICATE OF GOOD STANDING

I, the undersigned Executive Director of the Arizona Corporation Commission, do hereby certify that:

### MCMULLAN CONSULTING, LLC

ACC file number: L19682788

was incorporated under the laws of the State of Arizona on 12/02/2014, and that, according to the records of the Arizona Corporation Commission, said limited liability company is in good standing in the State of Arizona as of the date this Certificate is issued.

This Certificate relates only to the legal existence of the above named entity as of the date this Certificate is issued, and is not an endorsement, recommendation, or approval of the entity's condition, business activities, affairs, or practices.



IN WITNESS WHEREOF, I have hereunto set my hand, affixed the official seal of the Arizona. Corporation Commission, and issued this Certificate on this date: 14/08/2019

Matthew Neubert, Executive Director

