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Division of Corporations

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Foreign Limited Liability Company MICHAEL D MCKINLEY LLC

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TO:

COVER LETTER

ECT:	MICHAEL D MCKI				
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Glendale, CA 91203 City/State and Zip Code					— <u>*</u>
	mike@mike610.cc	orn	•		16
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	Name of	Contact Person	Aren Code	Daytime Telephone Numb	<u></u>
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	stration Section Box 6327			Registration Section Clifton Building	
Talla	hassee, FL 32314			2661 Executive Center Circle Tallahassee, FL 32301	•
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_	125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00	Filing Fee & \$160.00 Fil	ing Fee, Certifica Certified Copy

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:

MICHAEL D MCKINI	EY LLC				
Name of Foreign	Limited Liability Company; must include "Limite	d Liability Company	," "L.L.C.," or "LL.C.")	, , , , , , , , , , , , , , , , , , , 	
f name unavulable, onter alternate r.	ame adopted for the purpose of transacting business in Flo	onda. The alternate name	must include "Limited Liability Compa	any," "L L C," or "LLC."	
Illinois		82-3415851 3.			
(Jurisdiction under the law of wi	high toreign limited liability company is organized)	3. (FEI number, if applicable)			
04/25/2022					
·	(Date first transacted business in Florida, if prior to (See sections 605 0904 & 605,0905, F.S. to determ	registration) ine penalty liability)			
(Succi Address of F	rincipal Office)	6	(Nuiling Address)		
5015 SW 26th Ave		5015 SV	V 26th Ave	2022	
Cape Coral, Florida 33	914	Cape Co	oral, Florida 33914	2022) LAY 15	
Name and street address	s of Florida registered agent: (P.O. Box	NOT acceptable	e)	P	
Name:	UNITED STATES CORPORATION	AGENTS, INC.	•	. <u>.</u>	
Office Address:	5575 S. Semoran Blvd., Suite 36				
	Orlando	····································	32822 Florida		
	(Cay)		(Lip coxie)		

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.

> CHEYENNE MOSELEY, ASSISTANT SECRETARY, HINITED STATES CORPORATION AGENTS, INC.

(Registered agent's signature)

From; Janae Petty

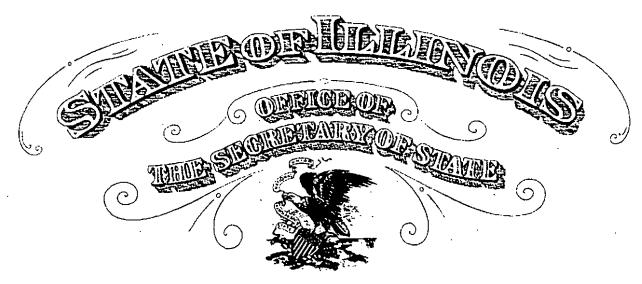
Title or Capacity:	Name and Address:	Title or Capacity	<u>:</u>	Name and	<u>Address:</u>	
Manager	Name: Michael D McKinley	Manager	Name:			
Member	Address:	. Member	Address:			
Authorized	Cape Coral, Florida 33914	Authorized	,	<u>.</u>	<u> </u>	
Person		Person				
Other	Other	Other		Other_		
□Manager	Name:	Manager	Name;			
Member	Address:	Member	Address:			
Authorized		☐ Authorized				
Person		Person				
Other	Other	Other		Other_		
				•	2022 H.A	
Manager	Name:	. Manager	Name:		H-	<u>:</u>
□Member	Address:	Member	Address:			
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Person		Person		; r	<u> :-</u> 교	
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9. Attached is a cer jurisdiction under to of the translator mu	Use an attachment to report more than six (6 may be added to the index when filing you tifficate of existence, no more than 90 days he law of which it is organized. (If the certisest be submitted) is executed in accordance with section 605, ment to the Department of State constitutes	ir Florida Department of Sta old, duly authenticated by th ficate is in a foreign languar 0203 (1) (b), Florida Statuto	ne Annual Rep ne official bavinge, a translation es. I am aware t	ort form. ng custody of a of the certific hat any false in	records in cate under	the oath

Typed or printed name of signer

2022-05-14 10:17:05 PDT

File Number

0527752-3



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

MICHAEL D MCKINLEY LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON MAY 05, 2015, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this day of MAY A.D.

Authentication #; 2213400436 verifiable until 05/14/2023

Authenticate at. http://www.ilsos.gov