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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALZOOM.COM INC.

Account Number : I20010000062 Phone : (323)962-8600

Fax Number : (323)389-0502

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

Email Address:

Foreign Limited Liability Company MCN CONSULTING LLC

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S. FRANKLIN

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COVER LETTER

SUBJECT:	Name of Limited Liability Company				
The enclose Existenc e , a	d "Application by Foreign Limited Liability Connd check are submitted to register the above refe	ipany for Authoriz renced foreign limi	ation to Transact Business in Florida,' ited liability company to transact busin	* Certificat ness in Flo	
lease retur	all correspondence concerning this matter to th	e following:			
	Cheyenne Moscley				
		Name of Person		•	
	Legalzoom, com, Inc.				
	Firm/Company				
	101 N Brand Blvd 11th Fl			2022	
		Address		2	
	Glendale, CA 91203			ω	
		State and Zip Code	2	. 🏗	
	consultingmen@gmail.com	·	•	PH 1:03	
	E-mail address: (to be us	ed for future annua	d report notification)	-	
For further	information concerning this matter, please call:				
Cheyenne Moseley		800	773-0888		
	Name of Contact Person	at (Area Code	Daytime Telephone Number	-	
Di Ro P.	AILING ADDRESS: vision of Corporations gistration Section D. Box 6327 Hahassee, FL 32314		STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		

From Sylvia Pauli

Page: 4 of 6

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

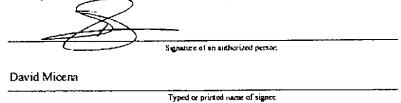
"L.L.C.," or "LLC.") aust include "Limited Liability Compuny." (83) (FUI number, if applicable) (Mailing Address) binson St., #2907 Florida 32801	2022 1: 1:23 Pist
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u	bove stated limited liability contract and agree to act in this caperformance of my duties, and

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	<u>.</u>	Name and Address:
Manager	Name: David Micera	☐ Manager	Name:	
Member	Address:150 E Robinson St., #2907	☐ Member	Address:	
	Orlando, Florida 32801	Authorized		
Person		Person		
Other	Other	Other		Other
Manager	Name:	Manager Manager	Name:	
Member	Address:	Member	Address:	
Authorized		☐ Authorized		
Person	and the second s	Person		20
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				. 23
Manager	Name:	Manager	Name:	P
Member	Address:	☐ Member	Address:	-
Authorized		Authorized		ယ်
Person		Person		
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.



<u>Delaware</u>

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "MCN CONSULTING LLC" IS DULY FORMED

UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND

HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS

OF THE NINETEENTH DAY OF AUGUST, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MCN CONSULTING LLC" WAS FORMED ON THE SEVENTEENTH DAY OF AUGUST, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

CO -1 113 CZ - 11 1203



Authentication: 204199489

Date: 08-19-22

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