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OCT - 4 2022

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Monroe Kot Interiors, 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:

Melinda McAllister
Name of Person
Monroe Kot Interiors, LLC
Firm/Company
328 Highway 145 N
Address
Aberdeen, MS 39730
City/State and Zip Code
melinda@monroekot.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Melinda McAllister at (602) 369-8656
Name of Contact Person Area Code Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

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. Mouroc Kut Interiors L.L.C.
(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. Mississippi 3. 88-2418824
(Jurisdiction under the law of which foreign limited liability company is organized) (TIN number, if applicable)

4. 09.19.2022
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 328 Hwy. 145 N. 6. 328 Hwy. 145 N.
(Street Address of Principal Office) (Mailing Address)

Aberdeen, MS 39730

Aberdeen, MS 39730

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

Name: Dan Walls

Office Address: 14013 B Innerarity Point Rd

Pensacola, Florida 32507
(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, in 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.


(Registered agent's signature)

2022 SEP 20 PM 5:24
CLERK
FLORIDA

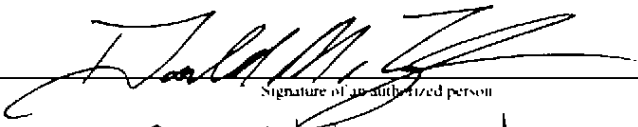
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>		<u>Name and Address:</u>		<u>Title or Capacity:</u>		<u>Name and Address:</u>	
<input checked="" type="checkbox"/> Manager	Name:	Donald Cody Taylor		<input checked="" type="checkbox"/> Manager	Name:	Donald Morris Taylor	
<input checked="" type="checkbox"/> Member	Address:	2609 Rabbit Creek Rd.		<input checked="" type="checkbox"/> Member	Address:	231 Rabbit Creek Rd	
<input type="checkbox"/> Authorized		Ponchartraine, MS 38863		<input type="checkbox"/> Authorized		Ponchartraine, MS 38863	
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.



Signature of an authorized person
Donald M. Taylor

Typed or printed name of signer



Michael Watson
SECRETARY OF STATE

Office of the Secretary of State
Jackson, Mississippi

Certificate of Good Standing

I, MICHAEL WATSON, Secretary of State of the State of Mississippi, and as such, the legal custodian of the records as required by The Mississippi Limited Liability Company Act to be filed in my office do hereby certify:

MONROE KUT INTERIORS LLC

Registered the 20th day of May, 2022

A Mississippi Limited Liability Company has filed the necessary documents in this office and has obtained a certificate of formation under the provisions of The Mississippi Limited Liability Company Act as shown by the records in this office.

That the registered office of said Limited Liability Company is located at:

269 Rabbit Creek Rd
Pontotoc, MS 38863

And that the registered agent at that address is:

Donald Cody Taylor

I further certify that said Limited Liability Company has paid the fees for filing the above papers required by law as shown by the records of this office, and that said Limited Liability Company is in good standing to do business in Mississippi at this time.

Given under my hand and seal of office
the 1st day of July, 2022

Certificate Number: CN22142789

Verify this certificate online at <http://corp.sos.ms.gov/corpcnv/verifycertificate.aspx>