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(Requestor's Name)

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(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

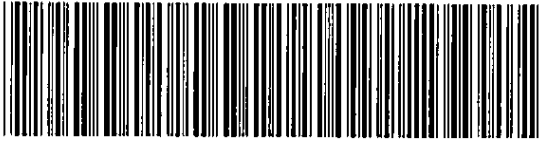
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

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2023 DEC 19 PM 1:03  
SECRETARY OF STATE  
TALLAHASSEE, FL

S. ROBERTS  
JAN 24 2024

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Mechanical Keyboards, 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:

Michael J. Tubre

Name of Person

Mechanical Keyboards, LLC

Firm/Company

7118 Lobloely Pine Blvd

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Address

Fairview, TN 37062

City/State and Zip Code

mike@mechanicalkeyboards.com

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

For further information concerning this matter, please call:

Michael J. Tubre, CFC

at 225 } 229 - 8202

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 605.0602, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY  
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Mechanical Keyboards, 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. State of Tennessee  
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 20-8685615  
(LL number, if applicable)

4. 12/8/2023  
(Date first transacted business in Florida, if prior to registration)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 802 Raihope Way  
(Street Address of Principal Office)

6. 802 Raihope Way  
(Mailing Address)

Niceville, FL 32578

Niceville, FL 32578

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

Name, Joel Tubre

Office Address 802 Raihope Way

Niceville, Florida 32578  
(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.

(Registered agent's signature)

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TALLAHASSEE, FL

2023 DEC 19 PM 1:03

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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: Joel Tubre

☒ Member              Address: 802 Raihope Way

☐ Authorized              Niceville, FL 32578

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: Michael J. Tubre

☒ Member              Address: 115 Pecan Drive

☐ Authorized              Saint Gabriel, LA 70776

Person              \_\_\_\_\_

☐ Other \_\_\_\_\_              ☐ Other \_\_\_\_\_

☐ Manager              Name: \_\_\_\_\_

☐ Member              Address: \_\_\_\_\_

☐ Authorized              \_\_\_\_\_

Person              \_\_\_\_\_

☐ Other \_\_\_\_\_              ☐ Other \_\_\_\_\_

☐ Manager              Name: \_\_\_\_\_

☐ Member              Address: \_\_\_\_\_

☐ Authorized              \_\_\_\_\_

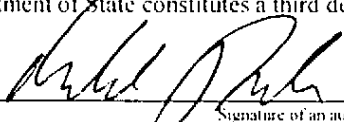
Person              \_\_\_\_\_

☐ 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

Michael J. Tubre

\_\_\_\_\_  
Typed or printed name of signee



**Tre Hargett**  
Secretary of State

**Division of Business Services**  
**Department of State**  
**State of Tennessee**  
312 Rosa L. Parks AVE, 6th FL.  
Nashville, TN 37243-1102

**MECHANICAL KEYBOARDS, LLC**  
MIKE TUBRE  
7118 LOBLOLLY PINE BLVD  
FAIRVIEW, TN 37062

December 11, 2023

**Request Type: Certificate of Existence/Authorization**  
**Request #:** 0559843

**Issuance Date:** 12/11/2023  
**Copies Requested:** 1

**Document Receipt**

**Receipt #:** 008497981

**Filing Fee:** \$20.00

**Payment-Credit Card - State Payment Center - CC #:** 3864039525

\$20.00

**Regarding:** Mechanical Keyboards, LLC

**Filing Type:** Limited Liability Company - Domestic

**Control #:** 646200

**Formation/Qualification Date:** 12/09/2010

**Date Formed:** 12/09/2010

**Status:** Active

**Formation Locale:** TENNESSEE

**Duration Term:** Perpetual

**Inactive Date:**

**Business County:** WILLIAMSON COUNTY

**CERTIFICATE OF EXISTENCE**

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

**Mechanical Keyboards, LLC**

\* is a Limited Liability Company duly formed under the law of this State with a date of incorporation and duration as given above;

\* has paid all fees, interest, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business;

\* has filed the most recent annual report required with this office;

\* has appointed a registered agent and registered office in this State;

\* has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

Tre Hargett  
Secretary of State

Processed By: Cert Web User

Verification #: 064525314