

M24000013130

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

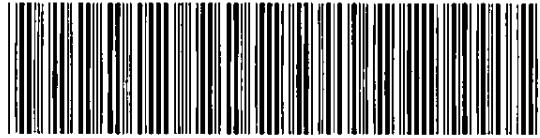
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

M24000140510

Office Use Only



700437071197

10/01/24--01042--007 **125.00

RECEIVED

SEP 30 2024

2024 OCT 1 11 31 11

OCT 15 2024

Crumpley

KB

September 25, 2024

VIA FEDEX

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

RE: Application By Foreign Limited Liability Company For Authorization To Transact Business
In Florida –Mapco Express, Inc. converted to Mapco Express, LLC in Delaware - Florida
Document Number F0600000200

To Whom It May Concern:

Mapco Express, Inc. has recently converted from a corporation to a limited liability company (Mapco Express, LLC) in Delaware. Per my conversation with a representative at the Florida Secretary of State, I was advised to withdraw the entity and then submit a new application for a foreign limited liability company for authorization to transact business in Florida. Enclosed with this letter, please find an Application By Foreign Limited Liability Company For Authorization To Transact Business In Florida for Mapco Express, LLC, together with a check for the filing fee in the amount of \$125.00, a Certificate of Existence from Delaware and a certified copy of the Certificate of Conversion from Delaware.

I am also including a copy of the package we are simultaneously sending to the Amendment Section for the withdrawal of Mapco Express, LLC in case this is helpful.

Please call me at (770)235-9880 if you have any questions or comments regarding this letter.

Sincerely,

Katie Clink

Katie Clink
Senior Commercial Real Estate Transaction Specialist

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Mapco Express, 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:

Katie Clink

Name of Person

Mapco Express, LLC

Firm/Company

1255 Lakes Parkway, Suite 180

Address

Lawrenceville, GA 30043

City/State and Zip Code

legal@majorsingmt.com

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

For further information concerning this matter, please call:

Katie Clink

770

235-9880

at (_____)

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. Mapco Express, LLC
(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. Delaware 3. _____
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 08/07/2006
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 1255 Lakes Parkway, Suite 180 6. P.O. Box 1565
(Street Address of Principal Office) (Mailing Address)
Lawrenceville, GA 30043 Lawrenceville, GA 30046

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

Name: Cogency Global Inc.
Office Address: 115 North Calhoun St, Suite 4
Tallahassee, Florida 32301
(City) (Zip code)

2024 OCT -1 PM 3:11

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.

/s/ Xavian Brown Assistant Secretary
(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:

☒ Manager Name: Marvin K. Hewatt

☐ Member Address: 1255 Lakes Parkway, Suite 180

☐ Authorized Lawrenceville, GA 30043

Person _____

☐ Other _____ ☐ Other _____

Title or Capacity: Name and Address:

☒ Manager Name: Scott A. Moon

☐ Member Address: 1255 Lakes Parkway, Suite 180

☐ Authorized Lawrenceville, GA 30043

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

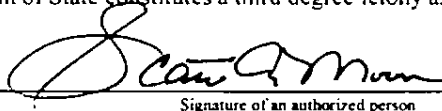
Person _____

☐ 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

Scott A. Moon, Manager
Typed or printed name of signer

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MAPCO EXPRESS, 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 THIRTIETH DAY OF AUGUST, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MAPCO EXPRESS, LLC" WAS FORMED ON THE TENTH DAY OF APRIL, A.D. 2001.

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



3379187 8300

SR# 20243569396

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 204287038

Date: 08-30-24