

F150000001260

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

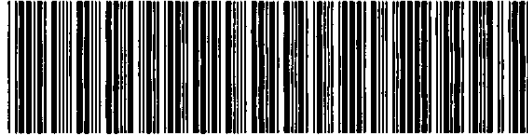
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SECRETARY OF STATE  
TALLAHASSEE, FL 32301

## COVER LETTER

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** MAC Administrators XX, Inc.

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Linda Taylor

Name of Person

Fryberger, Buchanan, Smith & Frederick, P.A.

Firm/Company

302 West Superior Street, Suite 700

Address

Duluth, MN 55802

City/State and Zip code

ltaylor@fryberger.com

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

For further information concerning this matter, please call:

Linda Taylor at ( 218 ) 725-6872

Name of Person

Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

New Filing Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

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

Enclosed is a check for the following amount:

- |                                             |                                                                                   |                                                                 |                                                                                           |
|---------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <input type="checkbox"/> \$70.00 Filing Fee | <input checked="" type="checkbox"/> \$78.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$78.75 Filing Fee &<br>Certified Copy | <input type="checkbox"/> \$87.50 Filing Fee,<br>Certificate of Status &<br>Certified Copy |
|---------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------|-------------------------------------------------------------------------------------------|

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT  
BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO  
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

1. MAC Administrators XX, Inc.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Minnesota

(State or country under the law of which it is incorporated)

3. 47-1413730

(FEI number, if applicable)

4. 7/22/2014

(Date of incorporation)

5. perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 202 West Superior Street, Suite 321, Duluth, MN 55802

(Principal office address)

202 West Superior Street, Suite 321, Duluth, MN 55802

(Current mailing address)

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

Name: James N. Powell

Office Address: One Progress Plaza, Suite 1210

St. Petersburg, Florida 33701

(City)

(Zip code)

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9. Registered agent's acceptance:

*Having been named as registered agent and to accept service of process for the above stated corporation 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)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

11. Names and business addresses of officers and/or directors:

**A. DIRECTORS**

Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: Abbot G. Apter

Address: 202 West Superior Street, Suite 321

Duluth, MN 55802

Director: \_\_\_\_\_

Address: \_\_\_\_\_

**B. OFFICERS**

President: Abbot G. Apter

Address: 202 West Superior Street, Suite 321

Duluth, MN 55802

Vice President: Maureen A. Spanier

Address: 202 West Superior Street, Suite 321

Duluth, MN 55802

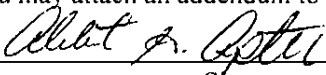
Secretary: Karen M. Stelmak

Address: 202 West Superior Street, Suite 321, Duluth, MN 55802

Treasurer: Maureen A. Spanier

Address: 202 West Superior Street, Suite 321, Duluth, MN 55802

**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12. 

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that 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.

13. Abbot G. Apter, President

(Typed or printed name and capacity of person signing application)

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TALLAHASSEE, FLORIDA

**Office of the Minnesota Secretary of State  
Certificate of Good Standing**

I, Steve Simon, Secretary of State of Minnesota, do certify that: The business entity listed below was filed pursuant to the Minnesota Chapter listed below with the Office of the Secretary of State on the date listed below and that this business entity is registered to do business and is in good standing at the time this certificate is issued.

Name: MAC Administrators XX, Inc.  
Date Filed: 07/22/2014  
File Number: 770833200020  
Minnesota Statutes, Chapter: 302A  
Home Jurisdiction: Minnesota

This certificate has been issued on: 03/13/2015



*Steve Simon*

Steve Simon  
Secretary of State  
State of Minnesota

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TALLAHASSEE FLORIDA