Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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MACP River Road, LLC Certificate of Status Certified Copy Page Count Estimated Charge

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## To: Page 3 of 4

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

IN COMPLIANCE WITH SECTION 605,0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

	.C. Ennited Elability Company, must include "Limited I					
name morrallable, enter alternate n	and adopted for the purpose of transacting business in Flo.id	a. The alterrate rance must	include "Limited Li	ability Comp	my," "L. L. C,"	" oc ' LLC ")
Delaware		3 84-2398585 [FEI massles, if applicable)				
(Jurisdiction made) the law of w	high foreign finited Exhibity company is organized)		(Fi,Finki)	abes, it applie	abici	
	(Date that transacted business in Florida, if prior to reg (See acctions 665-6904 & 605-6405, F.S. to determine	istration ) penesty hability)				
200 9th Avenue North		6. 1703 McMu	llen Booth Re	j		
(Street Address of I	Principal Office)		(Meiling Ad		1019	
Suite 210-03		#1037				<u> </u>
Safety Harbor, FL 34695		Salety Harb	or, FL 34695	<u> 건</u>	ווע	· ·
	ss of Florida registered agent: (P.O. Box.) Charles J. Baier	NOT acceptable)		(SSEE	24 PH 4:	
Name:	Charles 3. Date			F C		(_)
Office Address:	12015 Mountbatten Drive			윘	2	
	Tampa	el	ida 33626	<u> </u>	. U	
	(Car)		(Zip co			
comply with the provis- id accept the obligation	ntion, I hereby accept the appointment as ions of all statutes relative to the proper a soft my position as registered agent.	registered agent ar and complete perfo	id agree to ac rmance of my	duties, a	upucny. ind Lam	i jarine fumiliar
comply with the provisi ad accept the obligation	ions of all statutes relative to the proper a s of my position as registered agent.	and complete perfo	rmance of my	duties, a	upacny. und Lam	i jarine familiar
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The name, title or cap: Title or Capacity: Member Manager	(Registered agent.  (Registered agent.)  (Registere	have authority to n	nanage is/are:	· duties, u	ind Lam	fumiliur
The name, tirle or cap: Title or Capacity: Member Manager	ions of all statutes relative to the proper as of my position as registered agent.  (Registered agent.)  (Register	have authority to n Title or Capac	nanage is/are:	Nam	e and Ad	dress:
The name, tirle or cap:  Title or Capacity:  Member Manager  Use attachments if neces  Attached is a certificate risdiction under the law	acity and address of the person(s) who has Name and Address:  MACP River Road Holdings, El 1703 McMullen Booth Rd Safety Harbor, FL 34695	that authority to native or Capac	nanage is/are:	Nam	e and Ad	dress:
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Typed or pranted name of signer



Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MACP RIVER ROAD, 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 TWENTY-FOURTH DAY OF JULY, A.D. 2019.

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

7515572 8300

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

Authentication: 203274804

Date: 07-24-19