10/15/21, B 05 AM

Division of Corporations

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Division of Corporations

Page: 2 of 5

Fax Number : (850)617-6383

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Phone : (514)280-3338 Fax Number : (954)208-0845

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## FLORIDA/FOREIGN LP/LLLP MACP FUND 30, LP

Certificate of Status	0		
Certified Copy	1		
Page Count	04		
Estimated Charge	\$1,052.50		

Electronic Filing Menu Corporate Filing Menu

Help

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## APPLICATION BY FOREIGN LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP TO TRANSACT BUSINESS IN FLORIDA

L MACP Fund 30, L	P					
Acceptable Limited I	Parmership suffixes: I mired Parmersh	ity Limited Partnership, which must include suffix) up, Emited, L.P., LP, or Ltd. Limited Liability Limited Partnership, L.L.L.P. or LEL				
If name unavailable		ship or limited liability limited partnership proposes to a, must contain acceptable soffix.	register to transact			
5 Delward		3. August 20, 2021				
St	ate or Country of Formation	Date of Formation	_			
4. Federal Employe	r Identification Number, <u>87-2188074</u>					
5 Name of Register	ed Agent for Service of Process and I					
Charles J. Baier						
12015 Mountbatten	Drive					
Tampa, FL 33626			<b>28</b>			
6 Thereby accept the of all statutes release my position as reg	tilve to the proper and complete perform	agree to act in this capacity. I further agree to compliance of my duties, and I am familiar with and accept \(\frac{1}{2}, \frac{1}{2}, \ldots \) re of Registered Agent	The obligations of			
7 Principal Office:		8 Mailing Address:	問これの			
935 Main Street		1703 McMullen Booth Rd	MII: 07			
Suite C1		#1037				
Safety Harbor, FL 34695		Sarety Harbor, FL 34695				
9 If limited partne	ership is a limited liability limited par	mership, check box 🗇				
	1703 McMullen Booth Rd. #1037	of each general partner:  Name of General Partner:  Street Address				
Mailing Address	Same	Mailing Address:				
		Name of General Partner				
Street Address		Street Address				
Mailing Address	S	Mailing Address.				

## Page 1 of 2

Name of General Partne	r'	Name of General Partner	Name of General Partner.			
Street Address		Street Address.				
(Effective date cannot be pri Note: If the date inscited in	than the date of filing for to nor more than 90 days after a this block does not meet the applic i the Department of State's records	the data this document is filed by able stationy tiling requiremen	withe Florida Department of State.) ts, this date will not be listed as the			
12. Attached is a certificate of Florida Department of State, the law of which it is organi.		t more than 90 days prior to the official having custody of the er	delivery of this application to the native's records in the jurisdiction under			
Signed this	day of October	.20 21				
	<u> </u>	्रं अर्थे e of a general partner				
	Signatur	re of a general partner				
The individual signing this c	iocument affirms that the facts stat	ed herein are true and the indivi	dual is aware that false information			

submitted in a document to the Department of State constitutes a third degree felony as provided for in \$ 817.155, F.S.

Filing Fees: Certified Copy (optional):

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\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)

\$52,50 Certificate of Status (optional): \$8.75

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "MACP FUND 30, LP" 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 TWELFTH DAY OF OCTOBER, A.D. 2021.

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

Authentication: 204386210

Date: 10-12-21