

FI4000001099

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

(Business Entity Name)

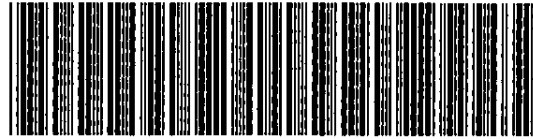
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Certified Copies _____

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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 MAR -6 AM 11:11

3/13CM

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: MAC Administrators XIX, 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

Name of Person

at (218) 725-6872

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

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
MAR 20 AM 11:11

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 XIX, 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. **46-4569311**

(FEI number, if applicable)

4. **January 16, 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. **Real estate property management**

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

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

Name: **James N. Powell**

Office Address: **One Progress Plaza, Suite 1210**

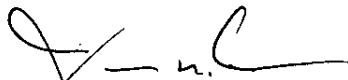
St. Petersburg, Florida **33701**

(City)

(Zip code)

10. **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)

James N. Powell

11. 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.

12. 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.

13. 

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.

14. Abbot G. Apter, President

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

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

I, Mark Ritchie, 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 XIX, Inc.
Date Filed:	01/16/2014
File Number:	727478600024
Minnesota Statutes, Chapter:	302A
Home Jurisdiction:	Minnesota

This certificate has been issued on: 02/26/2014



Mark Ritchie

Mark Ritchie
Secretary of State
State of Minnesota