

CT CORPORATION SYSTEM

CORPORATION(S) NAME

**LO1000022289**

MCZ/Mackinaw I, L.L.C.

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Profit              | <input type="checkbox"/> Amendment              | <input type="checkbox"/> Merger             |
| <input type="checkbox"/> Nonprofit           | <input type="checkbox"/> Dissolution/Withdrawal | <input type="checkbox"/> Mark               |
| <input type="checkbox"/> Foreign             | <input type="checkbox"/> Reinstatement          | <input type="checkbox"/> Other              |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Annual Report          | <input type="checkbox"/> Change of RA       |
| <input checked="" type="checkbox"/> LLC      | <input type="checkbox"/> Name Registration      | <input type="checkbox"/> UCC                |
| <input type="checkbox"/> Fictitious Name     | <input type="checkbox"/> Photocopies            | <input type="checkbox"/> CUS                |
| <input type="checkbox"/> Certified Copy      | <input type="checkbox"/> Call If Problem        | <input type="checkbox"/> After 4:30         |
| <input type="checkbox"/> Call When Ready     | <input type="checkbox"/> Will Wait              | <input checked="" type="checkbox"/> Pick Up |
| <input checked="" type="checkbox"/> Walk In  |   |   |
| <input type="checkbox"/> Mail Out            |   |   |

STATE OF FLORIDA  
TALLAHASSEE

01 DEC 20 PM 4:15

APPROVED  
AND  
FILED

Name \_\_\_\_\_  
 Availability \_\_\_\_\_  
 Document \_\_\_\_\_  
 Examiner \_\_\_\_\_  
 Updater \_\_\_\_\_  
 Verifier \_\_\_\_\_  
 W.P. Verifier \_\_\_\_\_

12/20/01

Order#: 5003261

800004734848--9

-12/20/01--01055--017

Ref#: \*\*\*\*\*125.00 \*\*\*\*\*125.00

*MS*

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

Amount: \$ \_\_\_\_\_

01 DEC 20 PM 2:07

RECEIVED

*12-20-01*

660 East Jefferson Street  
 Tallahassee, FL 32301  
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 Fax 850 222 7615

