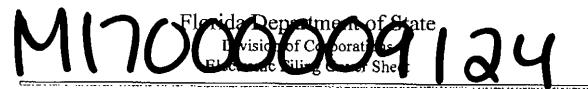
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From:

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Account Number : 076666002140. Phone : (727)461-1818 Fax Number : (727)441-8617

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:

LINDAB@JPFIRM.COM

Foreign Limited Liability Company MACP TUSCALOOSA, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

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

IN COMPLIANCE WITH SECTION 606.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

(Name of Foreign	Limited Liability Company, must include "Limite	d Liabili	y Company," "L L.C.," or "LLC.")			-	_
(If name anavailable, enter alternate of	name adopted for the purpose of transacting business in Flo	nds. The s	Itemam name must include "Limmed Lishii	ety Comman		C * m 7	
2 ALABAMA			82-1618984	., 0.042	,	- 0, w c	· · · · ·
(Jurisdiction under the law of which foreign limited liability company is organized)		٠.	(PEI member	, if applica	ble)		_
4. 2017							
	(Date first transacted business in Florids, if prior to (See sections 603,0904 & 605,0905, F.S. to determ	registration	n.) liebility)	_			
5 303 MAIN STREET,			303 MAIN STREET, UNIT	1037			
(Street Address of)	* · · · · · · · · · · · · · · · · · · ·		(Mailing Addrei	3) >		223	_
SAFETY HARBOR, F	1, 34093		SAFETY HARBOR, FL 34		· .	8	- <u>' </u>
						<u> </u>	_ *****
7. Nome and etreet address	or of Florida registered agents (P.O. Boy	NOT	annestable)		•	\mathcal{G}	1
7. Name and succi address	ss of Florida registered agent (P.O. Box		scceptable)		•	3.1	- · ·
Name:	CHESTNUT BUSINESS SERVICES	, LLC				=======================================	
Office Address:	911 CHESTNUT STREET				•	Ö	
	CLEARWATER		, Florida 33756			Ö	
Registered agent's accep	(City)		(Zip ocds)				
8. The name, title or caps Title or Capacity:	(Reginered agent's acity and address of the person(s) who he Name and Address:	/have	authority to manage is/are:	Name	and 4	Address	1 •
MANAGER	Craig Descalzi	-	de or cupacity.	, vigane	<u> </u>	raar og.	-
MANAGER	303 Main Street, Unit 1037 Safety Harbor, FL 34695	 - -	,3 ²			<u>-</u>	
MANAGER	Charles J. Baier						
	303 Main Street, Unit 1037 Safety Harbor, FL 34695	-					
(Use attachments if neces	sary)						
9. Attached is a certificate jurisdiction under the law of the translator must be so	of existence, no more than 90 days old, of which it is organized. (If the certificat ubmitted)	duly au e is in e	thenticated by the official hav foreign language, a translatio	ing cust n of the	ody o	f record ficate ur	s in the ider oath
10. This document is exec submitted in a document to	outed in accordance with section 605.020 to the Department of State constitutes with	y Ab	Florida Statutes. I am aware of felony as provided for in s.	that eny 817.155	, false 5, F.S.	inform	ation
		1/					
	Sugradure	OT IN FINE	र्वतिमें person अनुसर				
	Peter A. Rivellini, Authorized Represen	ntative					
	TimeAm	nelected as	ms of tiense				



John H. Merrill Secretary of State

P.O. Box 5616 Montgomery, AL 36103-5616

STATE OF ALABAMA

I, John H. Merrill, Secretary of State of Alabama, having custody of the Great and Principal Seal of said State, do hereby certify that

the entity records on file in this office disclose that MACP Tuscaloosa, LLC was formed in Jefferson County, Alabama on May 19, 2017. The Alabama Entity Identification number for this entity is 392-108. I further certify that the records do not disclose that said entity has been dissolved, cancelled or terminated.



20171024000033746

In Testimony Whereof, I have hereunto set my hand and affixed the Great Seal of the State, at the Capitol, in the city of Montgomery, on this day.

10/24/2017

Date

y. 7. Menill

John H. Merrill

Secretary of State