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Foreign Limited Liability Company  
MACP TUSCALOOSA, LLC

Certificate of Status	0
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2017 OCT 25 PM 4:10:30  
2017 OCT 25 AM 10:30

OCT 26 7:00 AM  
J. HARRIS

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. MACP TUSCALOOSA, LLC
(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "LLC," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "LLC.")

2. ALABAMA (Jurisdiction under the law of which foreign limited liability company is organized)
3. 82-1618984 (PEI number, if applicable)

4. 2017 (Date first transacted business in Florida, if prior to registration. See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 303 MAIN STREET, UNIT 1037 (Street Address of Principal Office) SAFETY HARBOR, FL 34695
6. 303 MAIN STREET, UNIT 1037 (Mailing Address) SAFETY HARBOR, FL 34695

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

Name: CHESTNUT BUSINESS SERVICES, LLC
Office Address: 911 CHESTNUT STREET
CLEARWATER, Florida 33756

Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated limited liability company 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)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Table with 4 columns: Title or Capacity, Name and Address, Title or Capacity, Name and Address. Rows include MANAGER Craig Descalzi and MANAGER Charles J. Baier.

(Use attachments if necessary)

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. This document is executed in accordance with section 605.0203 (1)(b) Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.153, F.S.

(Signature of an authorized person)
Peter A. Rivellini, Authorized Representative
Typed or printed name of signer

2017 OCT 25 AM 10:30

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.

**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

20171024000033746

John H. Merrill

Secretary of State