

m17000009380

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

17 NOV -2 PM 5:10

FILED

S. WARREN

NOV 03 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 3, 2017

HARRY TEICHMAN
OLDER, LUNDY & ALVAREZ
1000 WEST CASS STREET
TAMPA, FL 33606

SUBJECT: THE MC2 GROUP, LLC
Ref. Number: W17000088057

We have received your document for THE MC2 GROUP, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Stacey M Warren
Regulatory Specialist II

Letter Number: 417A00022275

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: THE MC2 GROUP, LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

HARRY TEICHMAN

Name of Person

OLDER, LUNDY & ALVAREZ

Firm/Company

1000 WEST CASS STREET

Address

TAMPA, FLORIDA 33606

City/State and Zip Code

HTEICHMAN@OLALAW.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

HARRY TEICHMAN

Name of Contact Person

813

at (_____) _____

Area Code

254-8998

Daytime Telephone Number

MAILING ADDRESS:

Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

☒ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy

☐ \$160.00 Filing Fee, Certificate
of Status & Certified Copy

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

IN COMPLIANCE WITH SECTION 605.042, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA

1. THE MC2 GROUP, LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," 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," "L.L.C.," or "LLC")

2. DELAWARE

(Jurisdiction under the law of which foreign limited liability company is organized)

3. 82-2912537

(DTL Number, if applicable)

4.

(Date first transacted business in Florida, or prior to registration if
(Use sections 605.043 & 605.044, F.S. to determine priority liability)

5. THE MC2 GROUP, LLC

(Street Address of Principal Office)

4300 WEST CYPRESS STREET

TAMPA, FL 33607

6. MC2 GROUP, LLC

(Mailing Address)

4300 WEST CYPRESS STREET

TAMPA, FL 33607

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

Name: HARRY TEICHMAN

Office Address: 1000 WEST CASS STREET

TAMPA

(City)

Florida 33606

(Zip code)

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:

Title or Capacity:

Name and Address:

Title or Capacity:

Name and Address:

MGR

THE MC2 GROUP MANAGEMENT, LLC

4300 WEST CYPRESS ST.

TAMPA, FL 33607

(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.817.155, F.S.

Signature of authorized person

Typed or printed name of signer

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TAMPA FLORIDA

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "THE MC2 GROUP, LLC" 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 THIRTEENTH DAY OF OCTOBER, A.D. 2017.



6535566 8300

SR# 20176568876

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 203396732

Date: 10-13-17