# artment of State

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From:

Account Name : JOHNSON, POPE, BOKOR, RUPPEL & BURNS

Account Number : 076666002140 Phone : (727)461-1818

: (727)441-8617 Fax Number

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

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Foreign Limited Liabilisy Company MACP ANDERSON, LLC

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

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

IN COMPLIANCE WITH SECTION 605 0702, FLORIDA STATUDES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDAL MACE ANDERSON, LLC (Name of Foreign Limited Liability Company, must include "Limited Liability Company," "LLC," or "LLC") (If name unavailable, order alternate agrees adopted for the purpose of transacting business in Floride. The affect step name unaut couldn't Linded Liebility Company," "L.L.C." or "LLC.") 2. SOUTH CAROLINA 81-1931405 (Fill straber, if opplicable) () and delices under the law of which foreign lareted listed by company is organized) 4. 2018 (Date first transacted butturns in Florida, if prior to regularation.) (See posterior 605 0904 & 605 0905, P.S. to determine penalty liability) 303 MAIN STREET, UNIT 1037 5. 303 MAIN STREET, UNIT 1037 (Nieles Address) (Sment Address of Principal Office) SAFETY HARBOR, FL 34695 SAFETY HARBOR, FL 34695 7 Name and street address of Florida registered agent: (P.O. Box NOT acceptable) CHARLES J. BAIER Name: 303 MAIN STREET, UNIT 1037 Office Address. SAFETY HARBOR (City) 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. (Rematered seem's signature) 8 The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Title or Canacity: Name and Address: Name and Address: Title or Capacity: Craig Descalzi MANAGER 303 Main Street, Unit 1037 Salety Harbor, FL 34695 Charles J. Baser MANAGER 303 Main Street, Unit 1037 Safety Harbor, FL 34695 (Use attachments if necessary) 9. Attrohed 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 outh of the translator must be submitted) 10 This document is executed in accordance with section 605 0203 (1) (b), Fonda Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree salony as provided for in \$.817-155, F.S. Signature of an authorized person Chartes J. Baier

Typed or printed name of eigner

## The State of South Carolina



## Office of Secretary of State Mark Hammond

## Certificate of Existence

I, Mark Hammond, Secretary of State of South Carolina Hereby Certify that:

### MACP ANDERSON, LLC.

a limited liability company duly organized under the laws of the State of South Carolina on October 2nd, 2015, with a duration that is at will, has as of this date filed all reports due this office, paid all fees, taxes and penalties owed to the State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to S.C. Code Ann. §33-44-809, and that the company has not filed articles of termination as of the date hereof.

Give: under my Hand and the Great Seal of the State of South Carólina this 8th day of January, 2018

Mark Hammond, Secretary of State