

# M1800008683

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## Foreign Limited Liability Company

### MACP TANGLEWOOD, LLC

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

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

IN COMPLIANCE WITH SECTION 605.0903, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

## 1. MACP TANGLEWOOD, 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. SOUTH CAROLINA

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

3. 3411855

(FEI number, if applicable)

## 4. 2018

(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: CHARLES J BAUER

Office Address: 303 MAIN STREET, UNIT 1037

SAFETY HARBOR

(City)

Florida 34695

(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.

*Charles J. Bauer*

(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:

MANAGER

Craig Descalzo

303 Main Street, Unit 1037  
Safety Harbor, FL 34695

MANAGER

Charles J. Bauer

303 Main Street, Unit 1037  
Safety Harbor, FL 34695

(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.

*Charles J. Bauer*

Signature of an authorized person

Charles J. Bauer

Typed or printed name of signer

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# *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 TANGLEWOOD, LLC,**

a limited liability company duly organized under the laws of the State of South Carolina on July 21st, 2016, with a duration that is until 12/31/2066, 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.

Given under my Hand and the Great Seal  
of the State of South Carolina this 8th day  
of January, 2018.

*Mark Hammond*  
Mark Hammond, Secretary of State