

To: Page 2 of 4 2019 SEP 13 10:41 CST 13/2 Division of Corporations Florida Department of State Division of Corporations Electronic Filing Cover Sheet

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Email Address: _____

**Foreign Limited Liability Company
MACP Heron Lakes, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	03
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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0602, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. MACP Heron Lakes, 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. Delaware 3. 84-3021498
(Jurisdiction under the law of which foreign limited liability company is organized) (FLL number, if applicable)

4. _____
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0604 & 605.0605, F.S. to determine penalty liability)

5. 200 9th Avenue North 6. 1703 McMullen Booth Rd
(Street Address of Principal Office) (Mailing Address)
Suite 210-03 #1037
Safety Harbor, FL 34695 Safety Harbor, FL 34695

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

Name: Charles J. Baier
Office Address: 12015 Mountbatten Drive
Tampa, Florida 33626
(City) (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. Baier
(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:
Member Manager	MACP Twin Coasts Ventures, LLC 1703 McMullen Booth Rd 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. Baier
Signature of an authorized person

Charles J. Baier

Typed or printed name of signer

Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "MACP HERON LAKES, 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 SEPTEMBER, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN
ASSESSED TO DATE.

2019 SEP 13 PM 4:48
TALLAHASSEE, FLORIDA



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Jeffrey W. Bullock, Secretary of State

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Date: 09-13-19