4/28/2021

M21000050994

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:
Division of Corporations
Fax Number : (850)617-6383

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Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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2021 APR 28 PM 4:14

Foreign Limited Liability Company
MCIC Vermont LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	$155.00

4/29/21

Electronic Filing Menu Corporate Filing Menu Help

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. MICIC VERMONT 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. VT
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 46-3784706
(FEI number, if applicable)

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

5. Two Ravinia Drive, Suite 400
Atlanta, GA 30346
(Street Address of Principal Office)

6. Two Ravinia Dr, Suite 400Atlanta, GA 30346
(Mailing Address)

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

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324
(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.

C T Corporation System

By: _____
(Registered agent's signature)

Christine Kelm - Assistant Secretary

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
☒ Manager	Name: Philip Vorreiter	☒ Manager	Name: Matt Simon
☐ Member	Address: Two Ravinia Drive, Suite 400	☐ Member	Address: Two Ravinia Drive, Suite 400
☐ Authorized	Atlanta, GA 30346	☐ Authorized	Atlanta, GA 30346
Person		Person	
☐ Other	☐ Other	☐ Other	☐ Other
☒ Manager	Name: Chris Heckman	☒ Manager	Name: John Evanko, MD
☐ Member	Address: Two Ravinia Drive, Suite 1400	☐ Member	Address: 125 Broad Street, Suite 1400
☐ Authorized	Atlanta, GA 30346	☐ Authorized	NY, NY 10004
Person		Person	
☐ Other	☐ Other	☐ Other	☐ Other
☒ Manager	Name: Ken Craig	☐ Manager	Name:
☐ Member	Address: 125 Broad Street, Suite 1400	☐ Member	Address:
☐ Authorized	NY, NY 10004	☐ Authorized	
Person		Person	
☐ Other	☐ Other	☐ Other	☐ Other

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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 an authorized person

Philip Vorreiter Manager

Typed or printed name of signee

STATE OF VERMONT

OFFICE OF SECRETARY OF STATE

Certificate of Good Standing

I, James C. Condos, Vermont Secretary of State, do hereby certify that according to the records of this office

MCIC VERMONT LLC

a Domestic Limited Liability Company formed under the laws of the State of VERMONT, was filed for record in this office on Oct 16, 2013.

I further certify that the company has perpetual duration, that its most recent annual report is on file, and that as of this date, articles of dissolution / withdrawal have not been filed.

April 23, 2021

Given under my hand and seal of office, at Montpelier, the State Capital.

James C. Condos
Vermont Secretary of State

Business ID: 0283042
Certificate Number: 2013844613001