M21000000000023

(Requestor's Name)
·
(Address)
(Address)
(City/State/Zip/Phone #)
(Gisylotate/Zipirnone #)
P'CK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer

Office Use Only



900366470649

2021 MAY 17 PH 2: 33

71(2) 2121MAY 17 PH 1:35

MAY 18 2021

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

XX____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland -- EXT# 61592

Phone: 850-558-1500

ACCOUNT NO. : I2000000195 REFERENCE : 816517 7833946 AUTHORIZATION COST LIMIT : (ORDER DATE: May 17, 2021 ORDER TIME : 12:59 PM ORDER NO. : 816517-005 CUSTOMER NO: 7833946 FOREIGN FILINGS NAME: M-5333 COLLINS DEVELOPER, LLC XXXX QUALIFICATION (TYPE: LL) PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: CERTIFIED COPY
XX PLAIN STAMPED COPY

EXAMINER: _

COVER LETTER

TO:

Registration Section

	vision of Corporations	
SUBJECT:	M-5333 Collins Developer, LLC	Name of Limited Liability Company
The engloses	d "Application by Foreign 1 in the 11	, , ,
Existence, a	nd check are submitted to register the	iability Company for Authorization to Transact Business in Florida," Certificate above referenced foreign limited liability company to transact business in Flor
lease return	all correspondence concerning this	matter to the following:
	Camilo Miguel, Jr.	
		Name of Person
	MC Manager, LLC	
		Firm/Company
	2601 S. Bayshore Drive, Ste. 8	50
		Address
	Miami, FL 33133	
		City/State and Zip Code
-	CNazarkewich@mastcapital.com	1
	E-mail address	s: (to be used for future annual report notification)
or further in	formation concerning this matter, ple	ease call:
Can	nilo Miguel, Jr.	305 531-2426
	Name of Contact Person	Area Code Daytime Telephone Number
	ling Address:	Street Address:
Registration Section Division of Corporations		Registration Section
P.O. Box 6327		Division of Corporations The Centre of Tallahassee
_	ahassee, FL 32314	2415 N. Monroe Street, Suite 810
		Tallahassee, FL 32303
Pleas	osed is a check for the following amove make check payable to: FLORID/ 125.00 Filing Fee	A DEPARTMENT OF STATE

ŝ

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 COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

	name adopted for the purpose of transacting business in Flo	orida. The alternate name must include "Limited Lia	bility Company," "LLC," or "LLC		
Delaware		2			
(Jurisdiction under the law of	which foreign limited hability company is organized)	3(FEI number	if applicable)		
	(Day 6-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1				
	(Date first transacted business in Florida, if prior to r (See sections 605 0904 & 605,0905, F.S. to determine	egistration.) se penalty liability)			
2601 S. Bayshore Dri	ve	2601 S. Bayshore Drive			
et Address of Principal Office)		6. (Mailing Address)			
Suite 850					
		Suite 850			
Miami, FL 33133	<i>c</i>		<u>.</u>		
		Miami, FL 33133			
	Corporation Service Company	NOT acceptable)	2821 KAY 1		
Name:			. ~!		
Office Address:	1201 Hays Street	1	- 0		
	Tallahassee	32301	70		
		<u> </u>	70.		

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: MC Manager, LLC	□Manager	Name:	
■Member	Address: 2601 S. Bayshore Drive	□Member	Address:	
□Authorized	Suite 850	□Authorized		
Person	Miami, FL 33133	Person		
□Other	□Other	Other		□Other
□Manageт	Name:	□Manager	Name:	
□Member	Address:	□Member	Address:	
□Authorized		□Authorized		
$Person_{_{\zeta}}$	<u> </u>	Person		
□Other	□Other	Other		□Other
□ Manager	Name:	□Manager	Name:	
□Member	Address:	□Member	Address:	
□Authorized	<u> </u>	□Authorized		<u>. </u>
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

Camilo Miguel, Jr.

Typed or printed name of signee



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "M-5333 COLLINS DEVELOPER, 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 SEVENTEENTH DAY OF MAY, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "M-5333 COLLINS DEVELOPER, LLC" WAS FORMED ON THE THIRTY-FIRST DAY OF MARCH, A.D. 2021.

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



Authentication: 203219683

Jeffrey W. Hullock, Secretary of State

Date: 05-17-21