

11/2/21, 3:41 PM

Division of Corporations

**M2100014756**

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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From:

Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (614)280-3338  
Fax Number : (954)208-0845

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

Email Address: \_\_\_\_\_

**Foreign Limited Liability Company  
MACP LEGACY, LLC**

|                       |          |
|-----------------------|----------|
| Certificate of Status | 0        |
| Certified Copy        | 1        |
| Page Count            | 03       |
| Estimated Charge      | \$155.00 |

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S. FRANKLIN

NOV 08 2021

**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. MACP Legacy, 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. 87-2276751  
(Jurisdiction under the law of which foreign limited liability company is organized) (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. 935 Main Street 6. 1703 McMullen Booth Rd, #1037  
(Street Address of Principal Office) (Mailing Address)

Suite C1 #1037

Safety Harbor, FL 34695 Safety Harbor, FL 34695

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

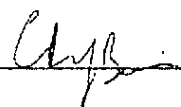
Name: Charles J. Baier

Office Address: 12015 Mountbatten Drive

Tampa 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.*

By:   
(Registered agent's signature)

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]:

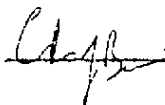
| <u>Title or Capacity:</u>                       | <u>Name and Address:</u>               | <u>Title or Capacity:</u>            | <u>Name and Address:</u>             |
|---|--|--------------------------------------|--------------------------------------|
| <input checked="" type="checkbox"/> Manager     | Name: <u>Craig S. Desculzi</u>         | <input type="checkbox"/> Manager     | Name: _____                          |
| <input type="checkbox"/> Member                 | Address: <u>1703 McMullen Booth Rd</u> | <input type="checkbox"/> Member      | Address: _____                       |
| <input type="checkbox"/> Authorized             | <u>#1037</u>                           | <input type="checkbox"/> Authorized  | _____                                |
| Person  | <u>Safety Harbor, FL 34695</u>         | Person                               | _____                                |
| <input type="checkbox"/> Other _____            | <input type="checkbox"/> Other _____   | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ |
| <br><input checked="" type="checkbox"/> Manager | <br>Name: <u>Charles J. Baier</u>      | <br><input type="checkbox"/> Manager | <br>Name: _____                      |
| <input type="checkbox"/> Member                 | Address: <u>1703 McMullen Booth Rd</u> | <input type="checkbox"/> Member      | Address: _____                       |
| <input type="checkbox"/> Authorized             | <u>#1037</u>                           | <input type="checkbox"/> Authorized  | _____                                |
| Person  | <u>Safety Harbor, FL 34695</u>         | Person                               | _____                                |
| <input type="checkbox"/> Other _____            | <input type="checkbox"/> Other _____   | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ |
| <br><input type="checkbox"/> Manager            | <br>Name: _____                        | <br><input type="checkbox"/> Manager | <br>Name: _____                      |
| <input type="checkbox"/> Member                 | Address: _____                         | <input type="checkbox"/> Member      | Address: _____                       |
| <input type="checkbox"/> Authorized             | _____                                  | <input type="checkbox"/> Authorized  | _____                                |
| Person  | _____                                  | Person                               | _____                                |
| <input type="checkbox"/> Other _____            | <input type="checkbox"/> Other _____   | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ |

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**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

Charles J. Baier

# Delaware

The First State

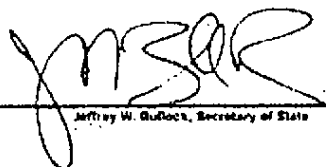
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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF  
DELAWARE, DO HEREBY CERTIFY "MACP LEGACY, LLC" IS DULY FORMED UNDER  
THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A  
LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF  
THE SECOND DAY OF NOVEMBER, A.D. 2021.

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

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Jeffrey W. Bullock, Secretary of State