

M 22000015650

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : CAPITOL SERVICES, INC.
Account Number : I20160000017
Phone : (855)498-5500
Fax Number : (800)432-3622

FILED
2024 FEB 27 PM 3:20
TALLAHASSEE, FL

****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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2024 FEB 27 PM 4:46

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
MCP CRANES LODGE OPCO, LLC

Certificate of Status	0
Certified Copy	1
Page Count	08
Estimated Charge	\$55.00

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FEB 28 2024

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COVER LETTER**H24000077636****TO:** Registration Section
Division of Corporations**SUBJECT:** MCP Cranes Lodge OpCo. LLC
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Rebecca Saferstein, Senior Paralegal

Name of Person

Arnall Golden Gregory LLP

Firm/Company

171 17th Street, NW, Suite 2100

Address

Atlanta, GA 30363

City/State and Zip Code

brian@medcorepartners.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rebecca Saferstein

Name of Person

at (404) 870-5604

Area Code & Daytime Telephone Number

Mailing Address:Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314**Street Address:**Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303**Enclosed is a check for the following amount:**

- ☐ \$25 Filing Fee ☒ \$30 Filing Fee & Certificate of Status ☐ \$55 Filing Fee & Certified Copy ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

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**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

H24000077636

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: MCP Cranes Lodge OpCo. LLC

Enter new principal office address, if applicable: _____

(Principal office addressMUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: _____

(Mailing addressMAY BE A POST OFFICE BOX)

2. The Florida document number of this limited liability company is:
- M22000015650

3. Jurisdiction of its organization:
- Texas

4. Date authorized to do business in Florida:
- 10/10/2022

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: _____
-
- (must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer address on our records,
- enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida Street Address

_____. Florida

_____. City

_____. Zip Code

New Registered Agent's Signature, if changing Registered Agent:

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 as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

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7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

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Delaware

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<hr/>	<hr/>	<hr/>	<input type="checkbox"/> Add
<hr/>	<hr/>	<hr/>	<input type="checkbox"/> Remove
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9. Attached is a certificate, if required: no more than 90 days old, evidencing the
aforementioned amendment(s), duly authenticated by the official having custody of records in the
jurisdiction under the law of which the entity is organized.

Brian Bollich

34CABE61B0E94EB

Signature of the authorized representative

Brian Bollich

Typed or printed name of signee

Filing Fee: \$25.00

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Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED ARE TRUE AND CORRECT COPIES OF ALL DOCUMENTS ON FILE OF "MCP CRANES LODGE OPCO, LLC" AS RECEIVED AND FILED IN THIS OFFICE.

THE FOLLOWING DOCUMENTS HAVE BEEN CERTIFIED:

CERTIFICATE OF CONVERSION, FILED THE FOURTEENTH DAY OF DECEMBER, A.D. 2023, AT 6:09 O'CLOCK P.M.

CERTIFICATE OF FORMATION, FILED THE FOURTEENTH DAY OF DECEMBER, A.D. 2023, AT 6:09 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID CERTIFICATES ARE THE ONLY CERTIFICATES ON RECORD OF THE AFORESAID LIMITED LIABILITY COMPANY, "MCP CRANES LODGE OPCO, LLC".



A handwritten signature in black ink, appearing to read "JBullock", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

2771605 8100H
SR# 20240663008

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 202877186
Date: 02-23-24

H24000077636

State of Delaware
Secretary of State
Division of Corporations
Delivered 06:09 PM 12/14/2023
FILED 06:09 PM 12/14/2023
SR 20234231915 - File Number 2771605

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STATE OF DELAWARE
CERTIFICATE OF CONVERSION
FROM A NON-DELAWARE LIMITED LIABILITY COMPANY TO
A DELAWARE LIMITED LIABILITY COMPANY PURSUANT TO
SECTION 18-214 OF THE LIMITED LIABILITY
COMPANY ACT

- 1.) The jurisdiction where the Non-Delaware Limited Liability Company first formed is Texas.
- 2.) The jurisdiction immediately prior to filing this Certificate is Texas.
- 3.) The date the Non-Delaware Limited Liability Company first formed is 09/30/2022.
- 4.) The name of the Non-Delaware Limited Liability Company immediately prior to filing this Certificate is MCP Cranes Lodge OpCo, LLC.
- 5.) The name of the Limited Liability Company as set forth in the Certificate of Formation is MCP Cranes Lodge OpCo, LLC.

IN WITNESS WHEREOF, the undersigned have executed this Certificate on the
11th day of December, A.D. 2023.

By: 

Authorized Person

Name: Brian Bollich

Print or Type

H24000077636

State of Delaware
 Secretary of State
 Division of Corporations
 Delivered 06:09 PM 12/14/2023
 FILED 06:09 PM 12/14/2023
 SB 20234231915 - File Number 2771605

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STATE OF DELAWARE CERTIFICATE OF FORMATION OF LIMITED LIABILITY COMPANY

The undersigned authorized person, desiring to form a limited liability company pursuant to the Limited Liability Company Act of the State of Delaware, hereby certifies as follows:

1. The name of the limited liability company is MCP Cranes Lodge OpCo, LLC

2. The Registered Office of the limited liability company in the State of Delaware is located at 108 LAKE LAND AVE (street),
 in the City of DOVER, Zip Code 19901. The
 name of the Registered Agent at such address upon whom process against this limited
 liability company may be served is CAPITOL SERVICES, INC.

By:



Authorized Person

Name: Brian Bollich

Print or Type

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