## M23000009448

(Requestor's Name)	
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PICK-UP WAIT MAIL	
(Business Entity Name)	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	

Office Use Only



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APPROVED AND FILED 2023 JUL 21 AM 10: 19

SEORULARY OF STATE

JEL 22 **2023** ... Brumbisy



Tallahassee, FL 32301-2607 850-558-1500, Ext: 61592

To: Department Of State, Division Of Corporations

From: Alexxis Weiland-Sorenson

Ext: 61592 Date: 07/21/23 Order #: 1235230-1

Re: Mc 5255 Collins Manager, LLC

Processing Method: Routine

## TO WHOM IT MAY CONCERN:

Enclosed please find:

Application for Certificate of Authority
Amount to be deducted from our State Account: \$125.00 - FL State Account Number: I2000000195

AUTH:

Please take the following action: File in your office on basis Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &

Certificate of Status

## COVER LETTER

	gistration Section vision of Corporations				
SUBJECT:	MC 5255 Collins Manager, LLC				
SUBJECT	Name of Limited Liability Company				
			ation to Transact Business in Florida." Certificate of ited liability company to transact business in Florid		
Please return	n all correspondence concerning this matter to	the following:			
	Jordan Kornberg				
		Name of Person	<del> </del>		
	MC Manager, LLC				
	Firm/Company				
	2601 S. Bayshore Drive, Suite 850				
	Address				
	Miami, FL 33133				
	City/State and Zip Code				
	cnazarkewich@mastcapital.com				
	E-mail address: (to be	used for future annua	l report notification)		
For further i	nformation concerning this matter, please call	l:			
Ca	rol Nazarkewich	305 at (	531-2426		
	Name of Contact Person	Area Code	Daytime Telephone Number		
Div Reg P.C	AILING ADDRESS: vision of Corporations gistration Section D. Box 6327 lahassee, FL 32314		STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		
Enclosed is a	a check for the following amount:				

S155.00 Filing Fee & Certified Copy

\$160.00 Filing Fee. Certificate of Status & Certified Copy

## 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: MC 5255 Collins Manager, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LL.C.") (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 "L.L.C," or "L.L.C," Delaware (Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, it applicable) (Date first transacted business in Florida, if prior to registration.) (See sections 605 0904 & 605 0905, F.S. to determine penalty liability) 2601 S. Bayshore Drive 2601 S. Bayshore Drive (Street Address of Principal Office) Suite 850 Suite 850 Miami, FL 33133 Miami, FL 33133 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Corporation Service Company Name: 1201 Hays Street Office Address: Tallahassee (City) 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.

(Registered agent's signature)

MBR	MC Manager, LLC				
	2601 S. Bayshore Drive, Stc. 850				
	Miami, FL 33133				
·					
e attachments if necessary)					
	no more than 90 days old, duly authenticated by the official having custody of records in organized. (If the certificate is in a foreign language, a translation of the certificate under				
	ance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information of State constitutes a third degree felony as provided for in s.817.155, F.S.				
DocuSigned b					

Typed or printed name of signee



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

DELAWARE, DO HEREBY CERTIFY "MC 5255 COLLINS MANAGER, 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 TWENTY-FIRST DAY OF JULY, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MC 5255 COLLINS MANAGER, LLC" WAS FORMED ON THE TENTH DAY OF JULY, A.D. 2023.

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

Authentication: 203797663

Date: 07-21-23