# M23000011970

(Rec	questor's Name)	
(Add	lress)	
(Add	dress)	
(City	//State/Zip/Phone	÷#)
PICK-UP	MAIT WAIT	MAIL
(Bus	siness Entity Nan	ne)
(Doc	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to f	Filing Officer:	
		:

Office Use Only



800415614838

2023 SEP 19 AM 7: 28

FILED THE THE

2023 EEP 19 AM 9: 56

SEP 20 2023 K. Brumbley

### **CT CORP**

 $e^{t}$  ,  $e^{t}$  ,  $e^{t}$  ,  $e^{t}$ 

Date:

#### (850)656-4724 3458 Lakeshore Drive, Tallahassee, FL 32312

09/19/2023

4:1 DW

		Acc#I20160000072	
Name:	MACP FUNI	D 31 GP, LLC	
Document #:			
Order #:	15130026		
Certified Copy of Arts & Amend: Plain Copy: Certificate of Good Standing: Certified Copy of			
Apostille/Notarial  Certification:		Country of Destination:  Number of Certs:	
Filing: 🗸	Certified: Plain: COGS:		Email Address for Annual Report Notification
Availability  Document  Examiner  Updater  Verifier  W.P. Verifier	Amount: \$	155.00	]

Thank you!

#### COVER LETTER

	gistration Section vision of Corporation	s				
SUBJECT:	MACP Fund 31 GP.	I.I.C				
3000000		Name of I.	imited Liability (	Company		
		rign Limited Liability Compa I to register the above refere				
Please retur	n all correspondence co	oncerning this matter to the f	following:			
	Valerie Cook					
		Na	me of Person			
	Maynard Nexse	n PC				
		Fir	m/Company			
	1901 6th Avenu	e North, Suite 1700				
	· · · · · · · · · · · · · · · · · · ·		Address			
	Birmingham,	AL 35203				
		City/St	ate and Zip Code			
	vcook@maynardi	nexsen.com				
		E-mail address: (to be used	for future annual	report noti	fication)	
For further	information concerning	this matter, please call:				
V	alerie Cook		205 at (	488-350	)2	
_	Name of	Contact Person	Area Code	Dayı	time Telephone Number	
Di Re P.0	vision of Corporations gistration Section D. Box 6327 Ilahassee, FL 32314			Division of Registrati Clifton Bt 2661 Exe	ADDRESS:  of Corporations on Section uilding cutive Center Circle ee, F1, 32301	
Enclosed :	a check for the followi .125.00 Filing Fee	ng amount: ☐ \$130.00 Filing Fee & Certificate of Status	S155.00 Filir Certified Copy	ng Fee &	☐ \$160.00 Filing Fee, Co of Status & Certified Cop	

## 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:

Delaware	, , , , ,	lorida. The alternate name must include "Limited Liability Company," "L.I. C."	" or "LLC.")
	hich foreign limited liability company is organized)	3. 93-3440250 (FEI number, (Fappheable)	<del></del>
(Massaction theer the law of w	nich totelign timited tutolity company is organized)	(Fir number, if applicable)	
·	45		
	(Date first transacted business in Florida, if prior to (See sections 605 0904 & 605 0905, F.S. to determ		
935 Main Street		6. 1703 McMullen Booth Rd	
(Street Address of Suite C1	mincipal Office)	(Mailing Address) #1037	
Safety Harbor, FL 346	95	Safety Harbor, FL 34695	
. Name and street addres	ss of Florida registered agent: (P.O. Bo:	x NOT acceptable)	
	Charles J. Baier		
Name:	Charles J. Dater	<u> </u>	
Office Address:	12015 Mountbatten Drive		
	Tampa	, Florida 33626	
	(Cny)	(Zip code)	
aving been named as resignated in this application comply with the provision.	gistered agent and to accept service of tion, I hereby accept the appointment of ions of all statutes relative to the prope s of my position as Fegistered agent.	process for the above stated limited liability company as registered agent and agree to act in this capacity. It and complete performance of my duties, and liam for the capacity.	Harther
laving been named as re esignated in this applica comply with the provis	rgistered agent and to accept service of tion, I hereby accept the appointment of ions of all statutes relative to the propess of my position as Fegistered agent.  (1) Bown	as registered agent and agree to act in this capacity.  er and complete performance of my duties, and Lam f	Farther .
laving been named as re esignated in this applica comply with the provis	gistered agent and to accept service of tion, I hereby accept the appointment of ions of all statutes relative to the prope s of my position as Fegistered agent.	as registered agent and agree to act in this capacity.  er and complete performance of my duties, and Lam f	Further (wyiliar w
laving been named as reesignated in this applicate comply with the provising accept the obligation.  The name, title or cap	rgistered agent and to accept service of tion, I hereby accept the appointment of tions of all statutes relative to the propers of my position as Tegristered agent.  Down  39384444441 (Registered agent's acity and address of the person(s) who here	as registered agent and agree to act in this capacity.  Er and complete performance of my duties, and Lam f  signature:  mas/have authority to manage is/are:  — cr	Prince & FICEU
aving been named as resignated in this applicated in this applicate comply with the provising accept the obligation.  The name, title or capacity:	rgistered agent and to accept service of stion, I hereby accept the appointment of ions of all statutes relative to the propess of my position as Tegristered agent.  Down (Registered agent's Registered agent's Registered agent's Registered agent's Registered agent's acity and address of the person(s) who hame and Address:	as registered agent and agree to act in this capacity. er and complete performance of my duties, and I:am f	Beginner & FILED  Beginner & FILED  AM 7552
laving been named as reesignated in this applicate comply with the provising accept the obligation.  The name, title or cap	rgistered agent and to accept service of tion, I hereby accept the appointment of tions of all statutes relative to the propers of my position as Tegristered agent.  Down (Registered agent's acity and address of the person(s) who have and Address:  Craig S. Descalzi	as registered agent and agree to act in this capacity.  Er and complete performance of my duties, and Lam f  signature  mas/have authority to manage is/are:  Title or Capacity:  Name and Ado	Prince & FICEU
laving been named as reesignated in this applicate comply with the provising accept the obligation.  The name, title or capacity:	rgistered agent and to accept service of stion, I hereby accept the appointment of ions of all statutes relative to the propess of my position as Tegristered agent.  Down (Registered agent's Registered agent's Registered agent's Registered agent's Registered agent's acity and address of the person(s) who hame and Address:	as registered agent and agree to act in this capacity.  Er and complete performance of my duties, and Lam f  signature  mas/have authority to manage is/are:  Title or Capacity:  Name and Ado	Brillian & FILE U
Taving been named as reesignated in this applicate of comply with the provisional accept the obligation  The name, title or capatitle or Capacity:  Manager	rgistered agent and to accept service of tion, I hereby accept the appointment of ions of all statutes relative to the propers of my position as Fegistered agent.  Bailtr  Bailtr  Bailtr  Bailtr  Bailtr  Craig S. Descalzi  1703 McMullen Booth Rd # Safety Harbor, FL 34695	as registered agent and agree to act in this capacity.  Er and complete performance of my duties, and Lam f  signature  mas/have authority to manage is/are:  Title or Capacity:  Name and Ado	Brillian & FILE U
aving been named as resignated in this applicated in this applicate comply with the provising accept the obligation.  The name, title or capacity:	rgistered agent and to accept service of tion, I hereby accept the appointment of tions of all statutes relative to the propers of my position as registered agent.  Date:	as registered agent and agree to act in this capacity.  Er and complete performance of my duties, and Lam J  Sugnature  mas/have authority to manage is/are:  Title or Capacity:  Name and Add  1037	Brillian & FILE U
aving been named as resignated in this applicate comply with the provisind accept the obligation  The name, title or capatite or Capacity:  Manager	rgistered agent and to accept service of tion, I hereby accept the appointment of ions of all statutes relative to the propers of my position as Fegistered agent.  Bailtr  Bailtr  Bailtr  Bailtr  Bailtr  Craig S. Descalzi  1703 McMullen Booth Rd # Safety Harbor, FL 34695	as registered agent and agree to act in this capacity.  Er and complete performance of my duties, and Lam J  Sugnature  mas/have authority to manage is/are:  Title or Capacity:  Name and Add  1037	Basiliar X FILE U
aving been named as resignated in this application comply with the provising accept the obligation.  The name, title or capatity:  Manager  Manager	rgistered agent and to accept service of tion, I hereby accept the appointment of ions of all statutes relative to the propers of my position as registered agent.  Bally  Bally  acity and address of the person(s) who hame and Address:  Craig S. Descalzi  1703 McMullen Booth Rd # Safety Harbor, FL 34695  Charles J. Baier  1703 McMullen Booth Rd # Safety Harbor, FL 34695	as registered agent and agree to act in this capacity.  Er and complete performance of my duties, and Lam J  Sugnature  mas/have authority to manage is/are:  Title or Capacity:  Name and Add  1037	Basiliar X FILE U
Javing been named as reesignated in this applicate of comply with the provisional accept the obligation.  The name, title or capatitle or Capacity:  Manager  Manager	egistered agent and to accept service of stion, I hereby accept the appointment of ions of all statutes relative to the propers of my position as registered agent.    Common telephone   Common telephone   Common telephone	as registered agent and agree to act in this capacity.  Er and complete performance of my duties, and Lam for any duties, and Lam for any duties.  Title or Capacity:  Name and Additional and Additional actions are and Additional actions.  Name and Additional actions are and Additional actions.	Passer 19 AM 7528
aving been named as resignated in this applicate comply with the provising accept the obligation.  The name, title or caparity:  Manager  Manager  Use attachments if necessary accepts the accept the obligation.	rgistered agent and to accept service of the propertion, I hereby accept the appointment of the soft all statutes relative to the property of my position as Fegistered agent.  Bally  Bally  acity and address of the person(s) who hame and Address:  Craig S. Descalzi  1703 McMullen Booth Rd # Safety Harbor, FL 34695  Charles J. Baier  1703 McMullen Booth Rd # Safety Harbor, FL 34695  stary)  of existence, no more than 90 days old,	as registered agent and agree to act in this capacity.  Er and complete performance of my duties, and Lam for any duties, and Lam for any duties, and Lam for any duties.  Title or Capacity:  Name and Additional actions and Additional actions are and Additional actions.  Additional action and action actions are and Additional actions.  Additional action action action action action action action action.	Parther Market P 19 AM 7553
Javing been named as reesignated in this applicate of comply with the provisional accept the obligation.  The name, title or caparity:  Manager  Manager  Use attachments if necessorisdiction under the law	rgistered agent and to accept service of tion, I hereby accept the appointment of tions of all statutes relative to the propers of my position as registered agent.  Date:    Date:	as registered agent and agree to act in this capacity.  Er and complete performance of my duties, and Lam for any duties, and Lam for any duties.  Title or Capacity:  Name and Additional and Additional actions are and Additional actions.  Name and Additional actions are and Additional actions.	Parther Market P 19 AM 753:
esignated in this applicate comply with the provise of comply with the provise of accept the obligation.  3. The name, title or caparity:  Manager  Manager  Use attachments if necessificate irisdiction under the law of the translator must be seen acceptance.	rgistered agent and to accept service of tion, I hereby accept the appointment of tions of all statutes relative to the propers of my position as registered agent.  Bally  acity and address of the person(s) who have and Address:  Craig S. Descalzi  1703 McMullen Booth Rd # Safety Harbor, FL 34695  Charles J. Baier  1703 McMullen Booth Rd # Safety Harbor, FL 34695  csary)  of existence, no more than 90 days old, of which it is organized. (If the certifical ubmitted)	as registered agent and agree to act in this capacity. The rand complete performance of my duties, and Lam for any duties, and	Parther Market M
Taving been named as reesignated in this applicate of comply with the provision accept the obligation.  The name, title or capacity:  Manager  Manager  Use attachments if necess. Attached is a certificate irisdiction under the law of the translator must be second. This document is executed.	rgistered agent and to accept service of the propertion, I hereby accept the appointment of the soft all statutes relative to the property of my position as Fegintered agent.  Soft my position as Fegintered agent.  Bailty  Craig S. Descalzi  1703 McMullen Booth Rd # Safety Harbor, FL 34695  Charles J. Baier  1703 McMullen Booth Rd # Safety Harbor, FL 34695  stary)  of existence, no more than 90 days old, of which it is organized. (If the certifical abmitted)  cuted in accordance with section 605.020	as registered agent and agree to act in this capacity.  Er and complete performance of my duties, and Lam for any duties, and Lam for any duties, and Lam for any duties.  Title or Capacity:  Name and Additional actions and Additional actions are and Additional actions.  Additional action and action actions are and Additional actions.  Additional action action action action action action action action.	Parther Market M

Typed or printed name of signee

Page 1



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

DELAWARE, DO HEREBY CERTIFY "MACP FUND 31 GP, 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 EIGHTEENTH DAY OF SEPTEMBER, A.D. 2023.

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

Authentication: 204181423

Date: 09-18-23