

M240000002014

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

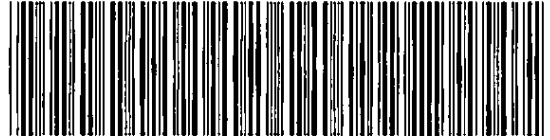
(Document Number)

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01/30/24--01037--009 **160.00

REC JAN 30 PM 4:00

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: MAC REALTY ADVISORS, L.L.C.

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Andrew C. McAllister

Name of Person

MAC Realty Advisors, L.L.C.

Firm/Company

2000 Pennsylvania Avenue N.W., Suite 1020

Address

Washington, D.C. 20006

City/State and Zip Code

amcallister@macrealtyadvisors.com

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

For further information concerning this matter, please call:

Andrew C. McAllister

202

258-8702

at (_____) _____

Name of Contact Person

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:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 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:

1. MAC REALTY ADVISORS, L.L.C.
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

MAC REALTY ADVISORS FLORIDA

(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 "LLC.")

2. District of Columbia
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 27-1532982
(FEI number, if applicable)

4. N/A
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 433 Plaza Real
(Street Address of Principal Office)

Suite 275

Boca Raton, FL 33432

6. 2000 Pennsylvania Avenue N.W.
(Mailing Address)

Suite 1020

Washington, D.C. 20006

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

Name: James H. McAllister

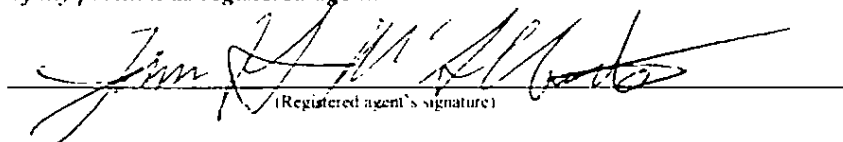
Office Address: 1320 S.W. 27th Ave

Boynton Beach, Florida 33426
(City) (Zip code)

6050 JAN 30 PM 3:59

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)

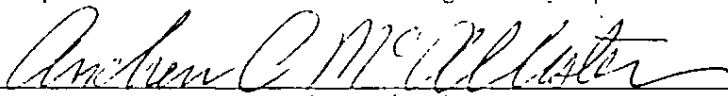
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<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: Andrew C. McAllister	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: 1127 Marion Ave	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	McLean, VA 22101	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
 <input type="checkbox"/> Manager	Name: _____	 <input type="checkbox"/> Manager	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 _____
 <input type="checkbox"/> Manager	Name: _____	 <input type="checkbox"/> Manager	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 _____

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

Andrew C. McAllister

Typed or printed name of signee

Initial File #: L47579

Entity Type: LLC

GOVERNMENT OF THE DISTRICT OF COLUMBIA

DEPARTMENT OF LICENSING AND CONSUMER PROTECTION

CORPORATIONS DIVISION



C E R T I F I C A T E

THIS IS TO CERTIFY that all applicable provisions of the District of Columbia Business Organizations Code (Title 29) have been complied with and accordingly, this ***CERTIFICATE OF GOOD STANDING*** is hereby issued to

MAC REALTY ADVISORS, LLC

WE FURTHER CERTIFY that the domestic entity is formed under the law of the District on 12/31/2009 ; that all fees, and penalties owed to the District for entity filings collected through the Mayor have been paid and Payment is reflected in the records of the Mayor; The entity's most recent biennial report required by § 29-102.11 has been delivered for filing to the Mayor; and the entity has not been dissolved. This office does not have any information about the entity's business practices and financial standing and this certificate shall not be construed as the entity's endorsement.

IN TESTIMONY WHEREOF I have hereunto set my hand and caused the seal of this office to be affixed as of 12/5/2023 11:20 AM

Business and Professional Licensing Administration



Rebecca Janovich

REBECCA JANOVICH

Superintendent of Corporations,
Corporations Division

Muriel Bowser
Mayor

Tracking #: dNLoSNf6



**DEPARTMENT OF LICENSING AND CONSUMER
PROTECTION
BUSINESS AND PROFESSIONAL LICENSING ADMINISTRATION
CORPORATIONS DIVISION**

Invoice Date: 12/05/2023

**Department of Licensing and Consumer
Protection
Corporations Division
PO Box 712300
Philadelphia, PA 19171-2300**

Invoice Number: AH0C4EA4C1DD

UserID: 4427114

Billing Information

A McAllister
2000 Pennsylvania Ave NW
Washington, DC 20006

Product Description	File Number	Order Date	Item Cost	Expedited	Total
Good Standing Request Form Web MAC REALTY ADVISORS.	000007852300	12/05/2023	\$50.00	\$0.00	\$50.00

Payment Details:
Web Payment for \$50.00 with CreditCard
Credit Card: XXXXXXXXXXXX-9589

Invoice Total: \$50.00