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(Requestor's Name)
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(Chairean Estituble and
(Business Entity Name)
(Document Number)
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COVER LETTER

TO:		tration Section of Cor			
SUBJ	ECT:	Macallan	Construction LLC		
190120			Name of	corporation	n - must include suffix
Dear S	ir or M	adam:			
"Certif	icate of	Existence		f Good Stan	Authorization to Transact Business in Florida." nding" and check are submitted to register the ess in Florida.
Please	return a	all corresp	ondence concerning	g this matter	r to the following:
Michae	18. Min	utelli			
_			-	Name of	Person
Macalla	an Cons	truction LL	C		
		_		Firm/Com	npany
1642 Pc	owers F	erry Rd SE	, Ste 250		
•				Addre	ess
Marietta	a, GA 3	0067			
	•			City/State a	nd Zip code
j.auxier	@maca	llangroup.c			
			E-mail address: (to be used f	for future annual report notification)
For furt	ther inf	ormation	concerning this mat	ter, please c	call:
Michael S. Minutelli			হ	404	
	Name	of Person)	Area Code	e Daytime Telephone Number
	Regist Division The C 2415 i	ration Sec on of Corp entre of T	oorations allahassee Street, Suite 810		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
	iake che	ck payable	he following amount to: FLORIDA DEP \$78.75 Filing I Certificate of the second	ARTMENT	TOF STATE ■ \$78.75 Filing Fee & □ \$87.50 Filing Fee. Certified Copy Certificate of Status & Certified Copy

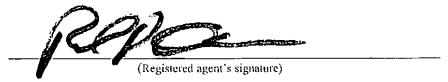
APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

I. <u>Macallan Consti</u>	ruction LLC			
	orporation; must include "INCORPORATE orp." "Inc," "Co," or "Corp.")	ED,	" "COMPANY," "CORPORATION,"	
Macallan Const	uction Florida LLC			
(If name unavails	able in Florida, enter alternate corporate na	ne	adopted for the purpose of transacting business in Florida	
State of Georgia			32-0015829	
'*	y under the law of which it is incorporated)		(FEI number, if applicable)	
May 8, 2002			Perpetual	
	of incorporation)	٠.	(Date of duration, if other than perpetual)	
Not applicable				
1642 Vayyara Fary	(SEE SECTIONS 607.1501 & 607		n Florida, if prior to registration) 502, F.S., to determine penalty liability)	
Same	y Rd Se, Ste 250, Marietta, GA 30067 (Principal	off	ice <u>street</u> address)	
- Same	(Current ma	iliı	ng address, if different)	
. Name and stree	at address of Florida registered agent: (P.C	D. Box <u>NOT</u> acceptable)	
Name:	Name: Richard R. Chaves, Esq			
Office Address:	400 Executive Center Dr, Ste 207			
	West Palm Beach		, Florida	
	(City)		(Zip code)	

9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation 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.



10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

A. DIRECTORS James L. Rhoden III Name: _ □ Chairman □Chairman Name: 1642 Powers Ferry Rd SE ☐ Vice Chairman Address: □ Vice Chairman Address: Suite 250 □ Director □ Director Marietta, GA 30067 □President □President □ Vice President □ Vice President □ Secretary □Treasurer □ Treasurer □ Secretary Managing Membe □Other _____ □Other _____ □Other _____ Name: ____ Michael S. Minutelli □ Chairman □ Chairman Name: _____ 1642 Powers Ferry Rd SE ☐ Vice Chairman Address: □ Vice Chairman Address: Suite 250 □ Director □Director Marietta, GA 30067 □ President □President □ Vice President □ Vice President □Secretary □Treasurer □ Secretary □Treasurer Managing Membe □Other _____ □Other _____ R. Dean de Freitas □ Chairman □Chairman Name: 1642 Powers Ferry Rd SE □Vice Chairman Address: □Vice Chairman Address: _____ Suite 250 □Director □Director Marietta, GA 30067 □ President □ President □Vice President □ Vice President □ Secretary □ Treasurer □ Secretary □Treasurer Managing Membe □Other □Other ____ □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.

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that 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.

, Michael S. Minutelli, Managing Member

Control Number: 0224415

STATE OF GEORGIA

Secretary of State

Corporations Division
313 West Tower
2 Martin Luther King, Jr. Dr.
Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE

I, **Brad Raffensperger**, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

Macallan Construction, LLC a Domestic Limited Liability Company

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number : 27304090 Date Inc/Auth/Filed: 05/10/2002 Jurisdiction : Georgia Print Date : 05/13/2024

Form Number 211



Brad Raffersperge.

Brad Raffensperger Secretary of State