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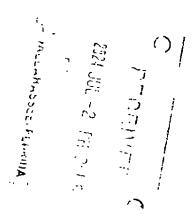
(F	Requestor's Name)	
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(4	Address)	
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	City/State/Zip/Phone #)	
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PICK-UP	MAIT	MAIL
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	Business Entity Name)	
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Certified Copies	Certificates of S	tatus
Special Instructions to F	iling Officer;	
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Office Use Only



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SECRETARY OF STATES
OWNSION OF COMPOSITION
24 JUL -2 PM 3: 46



1K

Sunshine State Corporate Compliance Company

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

		⇔WALK B
Verona Member III	C	·· WALK II
verona Member, EE		
PLEASE FILE 1	HE ATTACHED AND RETURN	
Plain Copy		
Certified Copy		
Certificate of Status		
APOSTILLE'/	NOTARIAL CERTIFICATION	
TTON		
ATES REQUESTED		
	ACCOUNT #: I20160000	0072
	5. 8 FM	
the above number kor	any issues or concerns. Thank woo	so much!
	PLEASE FILE 1 Plain Copy Certified Copy Certificate of Status *PLEASE OBTAIN THE Certified Copy of Arc Certificate of Good S **APOSTILLE'/ ATES REQUESTED_	Certificate of Status *PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY Certified Copy of Arts & Amendments Certificate of Good Standing **APOSTILLE' / NOTARIAL CERTIFICATION** ATES REQUESTED

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:

1MACP Varuna Mainbar;			_		
(Name of Foreign L	imited Etability Company; must include "	Limited Liability C	ompany," "L.L.C.," or "LLC.")		-
f name unavailable, enter alternate na	me adopted for the purpose of transacting busin	ess in Florada. The alte	mate name must include "Limited Liability Co	ompany," "L.1, C." or "	LLC.")
Delaware		3.	99-3784142		
(Jurisdiction under the law of whi	ch foreign limited liability company is organize	<u>a)</u>	(FEI number, if app	licable)	-
·					
	(Date first transacted business in Florida, if (See sections 605 0904 & 605 0905, F.S. to	prior to registration) determine penalty liab	ulity)		
	935 Main Street	6	1703 N McMullen Booth Rd, Unit 1037		_
treet Address of Principal Office)			(Mailing Address)	21	۸IG
	Suite C1		Safety Harbor, F1, 34695		SECRI TSION
	Safety Harbor, FL 4695			-2	
				T.	
. Name and street address	of Florida registered agent: (P.O	. Box <u>NOT</u> acc	eptable)	ယ္	NIS VIS
				9	ੂੰ ਹਵਾਲੇ ਹਵਾਲੇ
Name:	Charles J. Baier				
Office Address:	12015 Mountbatten Drive				
	Tampa		. Florida 33626		
	(City)		(Zip code)		
lesignated in this application comply with the provision	istered agent and to accept servic on, I hereby accept the appointm ns of all statutes relative to the pi of my position as registered agen	ent as registere roper and comp	d agent and agree to act in this	capacity. I furth	ier agre
-	UJ Do	ACY 666864491 agent's signature)			

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to

Name and Address:	Title or Capacity	<u>::</u>	Name and Address:
Name: MACP Twin Coasts Ventures, LLC	□Manager	Name:	
Address: 1703 N McMullen Booth Rd	□Member	Address:	
#1037	□Authorized		
Safety Harbor, FL 34695	Person		
Other	□Other		Other
Name:	□Manager	Name:	
Address:	□Member	Address:	
	□Authorized		
	Person		·
Other	□Other	, .	□Other
Name:	□Manager	Name:	
Address:	□Member	Address:	
	□Authorized		
	Person	<u></u>	
□Other	□Other		□Other
	Name: MACP Twin Coasts Ventures, LLC Address: 1703 N McMullen Booth Rd #1037 Safety Harbor, FL 34695 Other Name: DOther Name: Address:	Name: MACP Twin Coasts Ventures, LLC Address:1703 N McMullen Booth Rd	Name: MACP Twin Coasts Ventures, LLC Address:1703 N McMullen Booth Rd #1037

- 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.

(1) Baier	
3938B4CCCBEA491.	Signature of an authorized person
Charles J. Baier	
	Typed or printed name of signee

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "MACP VERONA MEMBER, 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 SECOND DAY OF JULY, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MACP VERONA MEMBER, LLC" WAS FORMED ON THE TWENTIETH DAY OF JUNE, A.D. 2024.

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

Authentication: 203846361

Date: 07-02-24