

7/23/24 1:31 PM

Division of Corporations

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : LEGALINC CORPORATE SERVICES INC.
Account Number : I20180000011
Phone : (844)386-0178
Fax Number : (214)317-4754

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email Address: _____

Foreign Limited Liability Company
Mac Drive CCSS LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

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JUL 25 2024

K. Brumbley

((H2400)249673 3)))

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS
IN FLORIDA**

IN COMPLIANCE WITH SECTION (605.002) FLORIDA STATUTES THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

Mac Drive CCSS LLC

(Name of Foreign Limited Liability Company must include "Limited Liability Company," "LLC," or "LDC")

City name unavailable enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "LLP."

Ohio

Jurisdiction under the law of which foreign limited liability company is organized:

3

Trn. number, if applicable:

4

(See sections 505.0904 & 505.0905 F.S. to determine penalty liability.)

0349 Waterstone Boulevard, Ste. 200

5. _____
(Street Address of Principal Office)

0349 Waterstone Boulevard, Ste. 200

h. Training Address

Cincinnati, OH, 45249

Cincinnati, OH, 45249

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

Name.

LEGALINC CORPORATE SERVICES INC.

Office Address

476 Riverside Ave.

Jacksonville

32202

“Civ”

Zip code _____

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.

Samuel L. Garrison

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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>Title or Capacity:</u>
<input type="checkbox"/> Manager Name, <u>MV COMMERCIAL DEVELOPMENT LLC</u>	<input type="checkbox"/> Manager Name _____
<input checked="" type="checkbox"/> Member Address <u>9349 Waterstone Blvd., Suite 200</u>	<input type="checkbox"/> Member Address _____
<input type="checkbox"/> Authorized <u>Cincinnati, OH 45440</u>	<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.

Nicholas G. Johnson
Signature of an authorized person.

Nicholas J. Johnson

Type of printed name of signer

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((H24000249673 3)))

UNITED STATES OF AMERICA
STATE OF OHIO
OFFICE OF THE SECRETARY OF STATE

I, Frank LaRose, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show ATAC DRIVE CCSS LLC, an Ohio Limited Liability Company, Registration Number 5257942, was organized in the State of Ohio on July 15, 2024, is currently in FULL FORCE AND EFFECT upon the records of this office.



Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 22nd day of July, A.D. 2024.

Frank LaRose

Ohio Secretary of State

Validation Number: 202420402638

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