

M 23000000687

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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

From: Account Name : CAPITOL SERVICES, INC.
Account Number : 120160000017
Phone : (855)498-5500
Fax Number : (800)432-3622

SEP 11 11:55 AM
TALLAHASSEE, FL

2024 FEB 27 PM 3:19

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

Email Address: _____

RECEIVED

2024 FEB 27 PM 4:26

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
MCP CRANES LODGE PROPCO, LLC

Certificate of Status	0
Certified Copy	1
Page Count	08
Estimated Charge	\$55.00

DocuSign Envelope ID: BBC4AA9C-6C52-4046-A1FB-4ED8F60E2726

COVER LETTER

H24000077626

TO: Registration Section
Division of Corporations

SUBJECT: MCP Cranes Lodge PropCo, LLC
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Rebecca Saferstein, Senior Paralegal
Name of Person

Arnall Golden Gregory LLP
Firm/Company

171 17th Street, NW, Suite 2100
Address

Atlanta, GA 30363
City/State and Zip Code

brian@medcorepartners.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rebecca Saferstein at (404) 870-5604
Name of 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:

- \$25 Filing Fee
- \$30 Filing Fee & Certificate of Status
- \$55 Filing Fee & Certified Copy
- \$60 Filing Fee, Certificate of Status & Certified Copy

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**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

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SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: MCP Cranes Lodge PropCo, LLC

Enter new principal office address, if applicable: _____

*(Principal office address
MUST BE A STREET ADDRESS)*

Enter new mailing address, if applicable: _____

*(Mailing address
MAY BE A POST OFFICE BOX)*

2. The Florida document number of this limited liability company is: M23000000687

3. Jurisdiction of its organization: Texas

4. Date authorized to do business in Florida: 01/19/2023

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: _____
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____
Enter Florida Street Address

_____, Florida
City Zip Code

New Registered Agent's Signature, if changing Registered Agent:

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 as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

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7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

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Delaware

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

Brian Bollich
Signature of the authorized representative

Brian Bollich

Typed or printed name of signee

Filing Fee: \$25.00

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Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED ARE TRUE AND CORRECT COPIES OF ALL DOCUMENTS ON FILE OF "MCP CRANES LODGE PROPCO, LLC" AS RECEIVED AND FILED IN THIS OFFICE.

THE FOLLOWING DOCUMENTS HAVE BEEN CERTIFIED:

CERTIFICATE OF CONVERSION, FILED THE FOURTEENTH DAY OF DECEMBER, A.D. 2023, AT 6:11 O`CLOCK P.M.

CERTIFICATE OF FORMATION, FILED THE FOURTEENTH DAY OF DECEMBER, A.D. 2023, AT 6:11 O`CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID CERTIFICATES ARE THE ONLY CERTIFICATES ON RECORD OF THE AFORESAID LIMITED LIABILITY COMPANY, "MCP CRANES LODGE PROPCO, LLC".



Handwritten signature of Jeffrey W. Bullock, Secretary of State, with a horizontal line underneath. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

2771620 8100H
SR# 20240662966

Authentication: 202877163
Date: 02-23-24

You may verify this certificate online at corp.delaware.gov/authver.shtml

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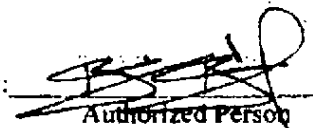
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State of Delaware
Secretary of State
Division of Corporations
Delivered 06:11 PM 12/14/2023
FILED 06:11 PM 12/14/2023
SR 20234231937 - File Number 1771630

STATE OF DELAWARE
CERTIFICATE OF CONVERSION
FROM A NON-DELAWARE LIMITED LIABILITY COMPANY TO
A DELAWARE LIMITED LIABILITY COMPANY PURSUANT TO
SECTION 18-214 OF THE LIMITED LIABILITY
COMPANY ACT

- 1.) The jurisdiction where the Non-Delaware Limited Liability Company first formed is Texas.
- 2.) The jurisdiction immediately prior to filing this Certificate is Texas.
- 3.) The date the Non-Delaware Limited Liability Company first formed is 10/12/2022.
- 4.) The name of the Non-Delaware Limited Liability Company immediately prior to filing this Certificate is MCP Cranes Lodge PropCo, LLC.
- 5.) The name of the Limited Liability Company as set forth in the Certificate of Formation is MCP Cranes Lodge PropCo, LLC.

IN WITNESS WHEREOF, the undersigned have executed this Certificate on the 11th day of December, A.D. 2023.

By: 
Authorized Person

Name: Brian Bollich
Print or Type

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STATE OF DELAWARE
CERTIFICATE OF FORMATION
OF LIMITED LIABILITY COMPANY

The undersigned authorized person, desiring to form a limited liability company pursuant to the Limited Liability Company Act of the State of Delaware, hereby certifies as follows:

1. The name of the limited liability company is MCP Cranes Lodge PropCo, LLC

2. The Registered Office of the limited liability company in the State of Delaware is located at 108 LAKELAND AVE (street), in the City of DOVER, Zip Code 19901. The name of the Registered Agent at such address upon whom process against this limited liability company may be served is CAPITOL SERVICES, INC.

By: 
Authorized Person

Name: Brian Bollich
Print or Type