

**F15000004618**

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

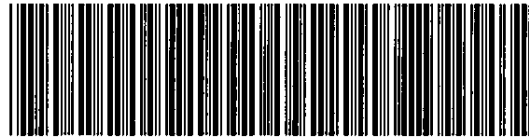
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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09/11/15--01005--006 \*\*78.75

2015 OCT 19 A 11: 21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FILED**

OCT 20 2015  
D. BRUCE

1115-60626



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 15, 2015

MARK A.K. DEE  
4515 MILLICENT CIR  
MELBOURNE, FL 32901

SUBJECT: MAGELLAN SOLUTIONS USA INC  
Ref. Number: W15000060606

RECEIVED  
15 OCT 19 AM 10:22  
TO ACKNOWLEDGE  
SUFFICIENCY OF FILING

We have received your document for MAGELLAN SOLUTIONS USA INC and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Yasemin Y Sulker  
Regulatory Specialist II

Letter Number: 015A00019479

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TALLAHASSEE, FLORIDA

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** MAGELLAN SOLUTIONS USA INC.  
Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

MARK A. K. DEE  
Name of Person

MAGELLAN SOLUTIONS USA INC.  
Firm/Company

4515 MILLICENT CIR.  
Address

MELBOURNE FLORIDA CA 32901  
City/State and Zip code

MARK.DEE@MAGELLANSOLUTIONSUSA.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARK A. K. DEE at <sup>415</sup>(384) 722-6367  
Name of Person Area Code Daytime Telephone Number

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- \$70.00 Filing Fee
- \$78.75 Filing Fee & Certificate of Status
- \$78.75 Filing Fee & Certified Copy
- \$87.50 Filing Fee, 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.

1. MAGELLAN SOLUTIONS USA INC. (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. CALIFORNIA 3. C3534694 (State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 29 DEC 2012 5. (Date of incorporation) (Date of duration, if other than perpetual)

6. (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 100 OLD COUNTY RD. BRISBANE, CA 94005 STE H (Principal office address)

(Current mailing address, if different)

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

Name: MARK A. K. DEE

Office Address: 4515 MILLCENT CIR MELBOURNE, Florida 32901 (City) (Zip code)

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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.

(Registered agent's signature)

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.

11. Names and business addresses of officers and/or directors:

**A. DIRECTORS**

Chairman: MARK A. K. DEE

Address: 4515 MILLICENT CIR

MELBOURNE FL 32901

Vice Chairman: JAMES E. GREEN

Address: 4415 MILLICENT CIR

MELBOURNE FL 32901

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

**B. OFFICERS**

*CEO* President: MARK A. K. DEE

Address: 100 OLD COUNTRY RD Ste H BRISBANE CA

94005

*CFO* Vice President: JULIE ANN NEBENZA

Address: 100 OLD COUNTRY RD Ste H BRISBANE CA

94005

Secretary: JAMES E. GREEN

Address: 100 OLD COUNTRY RD Ste H BRISBANE CA

94005

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_

**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12.  \_\_\_\_\_  
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.

13. MARK A. K. DEE

(Typed or printed name and capacity of person signing application)

FILED  
2015 OCT 19 A 11: 21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**State of California**  
**Secretary of State**

CERTIFICATE OF STATUS

ENTITY NAME:

MAGELLAN SOLUTIONS USA INC.

FILE NUMBER: C3534694  
FORMATION DATE: 12/28/2012  
TYPE: DOMESTIC CORPORATION  
JURISDICTION: CALIFORNIA  
STATUS: ACTIVE (GOOD STANDING)

I, ALEX PADILLA, Secretary of State of the State of California,  
hereby certify:

The records of this office indicate the entity is authorized to  
exercise all of its powers, rights and privileges in the State of  
California.

No information is available from this office regarding the financial  
condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate  
and affix the Great Seal of the State of  
California this day of October 03, 2015.

A handwritten signature in black ink, appearing to read "Alex Padilla".

ALEX PADILLA  
Secretary of State