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 : C T CORPORATION SYSTEM

Account Number : FCA000000023

Phone : (850)222-1092

Fax Number : (850)878-5368

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 Magic City Properties II, LLC

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Electronic Filing Menu

Corporate Filing Menu

Help

https://efile.sunbiz.org/scripts/efilcovr.exe

7/31/2014

COVER LETTER

TO:	Registration Section Division of Corporation	5		
SUBJE	CCT: Magic City Propertie	es II, LLC		
	 	Name of Limite	d Liability Company	
The end Existen	closed "Application by Forece, and check are submitted	eign Limited Liability Com I to register the above refer	pany for Authorization to Tra enced foreign limited liabilit	ansact Business in Florida," Certificate o y company to transact business in Florida
Plcase	return all correspondence o	oncerning this matter to the	following:	
	Robert Zangrillo			
		N	aine of Person	
	Magic City Fund	, LLC		
		F	rm/Compuny	
	1521 Alton Road	1#352		
			Address	
	Miami Beach, Fl	J 33139		
		City/S	tate and Zip Code	
	dede@dragonglo			
		E-mail address: (to be use	for future annual report notific	ation)
For fur	ther information concerning	this matter, please call:		
	Dede Loftus		at (650) 533-32	213
	Nume of	Contact Person		ytime Telephone Number
	MAILING ADDRESS: Division of Corporations		TADDRESS:	
			stion Section	
	P.O. Box 6327 Clifton Building			
	Tallahassee, FL 32314		xecutive Center Circle ssee, FL 32301	
Enclos	sed is a check for the fi	ollowing amount:		
,	□ \$125.00 Filing Fee	☐ \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filing Fee & Certified Copy	☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

PLIS7 - 01/16/2014 Waters Klewer Online

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:

1. Magic City Properties II, LLC		
(Name of Foreign Limited Liability Company; mu	st include "Limited Liability Company," "L.L.C.," or	"LLC.")
(If name unavailable, enter alternate name adopted for the purpor Liability Company," "L.L.C.," or "LLC.")	se of transacting business in Florida. The alternate name	me must include "Limited
2. Delaware	3 Applied For	
(Jurisdiction under the law of which foreign limited liability company is organized)	(FEI number, if applica	ole)
4. Has not Begun		至。 子
(Date first transacted busing (See sections 605,0904 & 605	ness in Florida, if prior to registration.) 5.0905, F.S. to determine penalty liability)	
5.	• •	E
J		
1521 Alton Road #352, Miami Beach, FL 33139		
(Street A	Address of Principal Office)	700
6. 1521 Alton Road #352, Miami Beach, FL 33139		05
		En s
	(Mailing Address)	
7. The name, title or capacity and address of the Robert Zangrillo 1521 Alton Road #352, Miami Beach, F		mage twate:
8. Attached is an original certificate of existence having custody of records in the jurisdiction und acceptable. If the certificate is in a foreign langua must be submitted)	ler the law of which it is organized. (A pl	hotocopy is not
	e of an authorized person	_
(In accordance with section 605.0203, F.S., the execution of this docume am aware that any false information submitted in a document to the Dep		
Dede Laftus		
Typed or p	rinted name of signee	

FL057 - HI/46/2014 Welson Kluwer Online

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name	of the Limited Liability Compa	any is:	
Magic City Pro	perties II, LLC		
If unavailable	e, the alternate to be used in the	state of Florida is:	
2. The name	and the Florida street address of	of the registered agent and office are:	
	Bruce Weil		
	(Name)		
	100 SE 2nd Street, Suite 2800		
	Florida Street Address (P.O. Box NOT ACCEPTABLE)		
	Miami	FC 33131	
		City/State/Zip	
liability comp registered ago statutes relati	any at the place designated in the ent and agree to act in this capuing to the proper and complete p	to accept service of process for the above stated limited his certificate, I hereby accept the appointment as with the provisions of a werformance of my duties, and I am familiar with and stered agent as provided for in Chapter 605, Florida	
	\$ 100.00 \$ 25.00 \$ 30.00 \$ 5.00	Filing Fee for Application Designation of Registered Agent Certified Copy (optional) Certificate of Status (optional)	

Delaware

PAGE 1

The First State

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

DELAWARE, DO HEREBY CERTIFY "MAGIC CITY PROPERTIES II, 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 THIRTY-FIRST DAY OF JULY, A.D. 2014.

5578375 8300

141017857

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

peffrey W. Bullock, Secretary of State

RUTHENTY CATION: 1582102

DATE: 07-31-14