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Florida Department of State

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T. Burch AUG 1: 2014

COVER LETTER

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	gistration Section					
Df	vision of Corporation	.5				
SUBJECT:	Magic City Propertie					
		Name of	f Limited L	iability Company	<u> </u>	
The enclose Existence, a	ed "Application by For and check are submitted	eign Limited Liabilin d to register the abov	y Compar o referenc	ry for Authorization to eed fureign limited liab	Transact Bus ility company	iness in Florida," Certificate to transact business in Flor
Please retur	n all correspondence c	oncerning this matter	r to the fo	llowing:		
	Robert Zangrille					
			None	e of Person		
	Magic City Fund	i, LLC				
			Firm	(Сонциану		
	1521 Alton Road	1 #352				
			ı	Address		
	Miumi Beach, F	L 33139				
	· 		City/State	and Zip Code		
	dede@dmgongla					
		E-mail address: (to	o be used fi	or future annual report no	uitication)	
For further	information concernin	g this matter, please (call:			
D	ede Loftus			at (650 533	1-3213	
	Name o	Contact Person		Area Code	Daytime Telep	ohone Number
	AILING ADDRESS:			ADDRESS: of Corporations		
	egistration Section			on Section		
	O. Bux 6327 allahassee, FL 32314	;		cutive Center Circle es, FL 32301		
Enclosed	is a check for the i	following amount	t:			
	S125.00 Filing Fee	S130.00 Filing I Centificate of St	Fee &	S155.00 Filing Fee Certified Copy		.00 Filing Fee, Certificate tatus & Certified Copy

FL057 - 01/16/2014 Walters Klawer 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:

Magic City Properties V, LLC			
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LL	C.")		
If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name naidbility Company," "LLC," or "LLC.")	nust include	Limited	ļ
Delaware 3 Applied Por			
(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)			
4. Has not Begun			
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)	网络	7	٠,
5	25.50	_ <u>``</u>	DEP CO
1521 Alton Roud #352, Miaml Beach, FL 33139	表記	严	-
(Street Address of Principal Office)	- 13	~≕	-
6, 1521 Alton Road #352, Missni Beach, FL 33139	E O	3	r T
	15 S		1 1
	SA.	-	
(Mailing Address)	X	Ü	
7. The name, title or capacity and address of the person(s) who has/have authority to manage	ge is/are:		
Dahar Zanarilla, MCD 1531 Alton Bood #353 Mismi Basch, ET 22120			
Robert Zangrillo - MGR -1521 Alton Road #352, Miami Beach, FL 33139			
B. Attached is an original certificate of existence, no more than 90 days old, duly authentical	ed by the	officia	al
having custody of records in the jurisdiction under the law of which it is organized. (A photo	ocopy is r	101	
acceptable. If the certificate is in a foreign language, a translation of the certificate under oat	h of the t	ranslat	or
must be submitted)			
124			
Signature of an authorized person			
(In accordance with section 605.0203, F.S., the execution of this document constitutes an affirmation under the penalties of perjury that am aware that any false information submitted in a document to the Department of State constitutes a third degree fellows as provided for	the facts states in 4.817.155,	l herein a: F.S.)	etnw. l
Dede Loftus			
Typed or printed name of signee			

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.

he alternate to be used :	that the control of		
	in the state of Florida is:		
nd the Florida street add	ress of the registered agent and office are:	ACL A	蒸
Bruce Weil		\$ A	
	(Name)		ယ
JAA ST Gad Comm. Suite A	9900		<u>~</u>
		_ = = = = = = = = = = = = = = = = = = =	<u></u>
Florida Stre	et Address (P.O. Box NOT ACCEPTABLE)	23	Æ
		87	Ę
Miami	FL 33131		
	Bruce Weil 100 SE 2nd Street, Suite 2 Florida Street	(Name) 100 SE 2nd Street, Suite 2800 Florida Street Address (P.O. Box NOT ACCEPTABLE)	Bruce Weil (Name) (Name) (Name) (Name) Florida Street, Suite 2800 Florida Street Address (P.O. Box NOT ACCEPTABLE)

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 certificate, 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 relating 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, Florida Statutes.

Ву:	Bru	Whi	
	/Sigme	ture)	

\$ 100.00	Filing Fee for Application
\$ 25.00	Designation of Registered Agent
\$ 30.00	Certified Copy (optional)
\$ 5.00	Certificate of Status (optional)

Delaware

DAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MAGIC CITY PROPERTIES V, 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.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

ME JUL 31 PH L: LS

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You may vorify this cortificate enline at corp. delaware.com/authver.shtml

Jeffrey W. Bullock, Secretary of State

AUTHENTICATION: 1584482

DATE: 07-31-14