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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:

Email Address:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850) 222-1092

Fax Number : (850)878-5368

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Foreign Limited Liability Company Magic City Properties VI, LLC

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Corporate Filing Menu

B. BOSTICK Help

AUG - 4 2014

FXAMINER 8/1/2014

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Magic City Properties VI	LLC	
	Name of Limited Liability Company	
	Limited Liability Company for Authorization to Transact Business in Florida," C egister the above referenced foreign limited liability company to transact busines	
Please return all correspondence concer	ming this matter to the following:	
Robert Zungrilla		
	Name of Person	
Magic City Fund, L.L.	c	
	Firm/Company	
1501 41 711 #26	-	
1521 Alton Road #35	Address	
Miami Bench, FL 33	139 City/State and Zip Code	
dede@dragonglobal.e	•	
	-mail address: (to be used for future annual report notification)	
For further information concerning this	matter, please cult:	
Dade Loftus	at (650) 533-3213	2014
Name of Con	ntact Person Area Code Duytime Telephone Number	
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314	STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	TILMO ANG ANG
	wing amount: \$130.00 Filing Fee & S155.00 Filing Fee & S160.00 Filing Fee, Certificate of Status Certified Copy of Status & Certified Copy	C lificate

PUIST - Office 2014 Wolters Rivery Califer

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:

L. Magic City Properties VI, LLC	ussi.	
(Name of Foreign Ulmited Liability Company; must include "Limited Liability Company," L.L.C.;	or "LLC.")	
((Company)) All colors and (Colors and Colors and Color		_
(If name unavailable, enter alternate came adopted for the purpose of transacting business in Florida. The alternate Liability Company," "LLC," or "LLC.")	; name must include "Limite	:d
2. Dolaware 3. Applied For		
(furisdiction under the law of which foreign limited liability (FEI number, if app company is organized)	licable)	
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)		
5		
1521 Alton Road #352, Miami Beach, FL 33139		
(Street Address of Principal Office)		
6. 1521 Alton Road #352, Mismi Beach, FL 33139	<u>Fig</u> 2	
(Malling Address)	55 B	arramen granama
7. The name, title or capacity and address of the person(s) who has/have authority to	manage (s/are: —	Emilion) E
Robert Zangrillo - MGR -1521 Alton Road #352, Minmi Beach, FL 33139	<u></u> >	
	OR A	
	- 57 2	
		
8. Attached is an original certificate of existence, no more than 90 days old, duly authorized than 90 days	enticated by the offici	ial
having custody of records in the jurisdiction under the law of which it is organized. (A	photocopy is not	
acceptable. If the certificate is in a foreign language, a translation of the certificate uncomust be submitted)	ier oaut of the translat	tor
2		
Signature of an authorized person		
(In accordance with section 605.0203, F.S., the execution of this document constitutes an affirmation under the penaltics of perjorn around that any false information submitted in a document to the Department of Siste constitutes a third degree follows as pro-		He GAS. I
Dede Loftus		
Typed or printed name of signee		

FLR57 - 01/15/2014 Waltery Klamer Cinins

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	ny is:	
Magic City Pro	perties VI, LLC			
If unavailable	, the alternate to be used	in the	state of Florida is:	
2. The name	and the Florida street ad-	dress o	f the registered agent and office are:	
	Bruce Weil			
			(Name)	
	100 SE 2nd Street, Suite Florida Str		ress (P.O. Box NOT ACCEPTABLE)	
	Miami	 	FL 33131 City/State/Zip	
liability compo registered age statutes relati	any at the place designate and agree to act in this agree to act in this agree to act in this agree to the proper and completely agree and completely agree	ed in th is capac plete p	raccept service of process for the about is certificate. I hereby accept the appoint of the interest of the appoint of the interest of the int	vintment us e provisions of all vitiar with and

Delaware

DACE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "MAGIC CITY PROPERTIES VI, 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 FIRST DAY OF AUGUST, A.D. 2014.

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

2014 AUG - 1 A ID: OH SECRETARY OF STATE

5578857 8300

141021433

You may verify this cortificate online

Jeffrey W. Bullock, Secretary of State

DATE: 08-01-14