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FILED
Apr 07, 2017 08:00 AM
Secretary of State

APR 10 2017
S. YOUNG



TERESA L. MEISNER
PARALEGAL
616.396.3216
FAX 616.494.3516

tmeisner@wnj.com

April 6, 2017

Via UPS Overnight Delivery

Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Re: Shadowmagic, LLC

Dear Sir/Madam:

The enclosed Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida, Certificate of Good Standing, and the \$125 check are submitted to register the above referenced Michigan limited liability company to transact business in Florida.

Please return all correspondence concerning this filing to Teresa Meisner, Paralegal, Warner Norcross & Judd LLP, 85 East Eighth Street, Suite 310, Holland, Michigan 49423.

The email address to be used for future annual report notifications will be: janalindberg0326@gmail.com.

For further information concerning this matter, please call me at 616-396-3216.

Very truly yours,

A handwritten signature in cursive script that reads "Teresa Meisner".

Teresa L. Meisner

Enclosures
15712369-1

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SHADOWMAGIC, LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all correspondence concerning this matter to the following:

Teresa Meisner, Paralegal

Name of Person

Warner Norcross & Judd LLP

Firm/Company

85 East Eighth Street, Suite 310

Address

Holland, MI 49423

City/State and Zip Code

janalindberg0326@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Teresa Meisner

616

396-3216

Name of Contact Person

at (_____) _____

Area Code

Daytime 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

Enclosed is a check for the following 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

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**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. SHADOWMAGIC, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "LLC.")

2. Michigan 3. _____
(Jurisdiction under the law of which foreign limited liability company is organized) (FBI number, if applicable)

4. _____
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 1757 E. Front Street
Traverse City, MI 49686
(Street Address of Principal Office)

6. 1757 E. Front Street
Traverse City, MI 49686
(Mailing Address)

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

Name: C T Corporation System
Office Address: 1200 South Pine Island Road
Plantation, Florida 33324
(City) (Zip code)

Registered agent's acceptance:

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 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.

C T Corporation System by: James M. Halpin Assistant Secretary
(Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

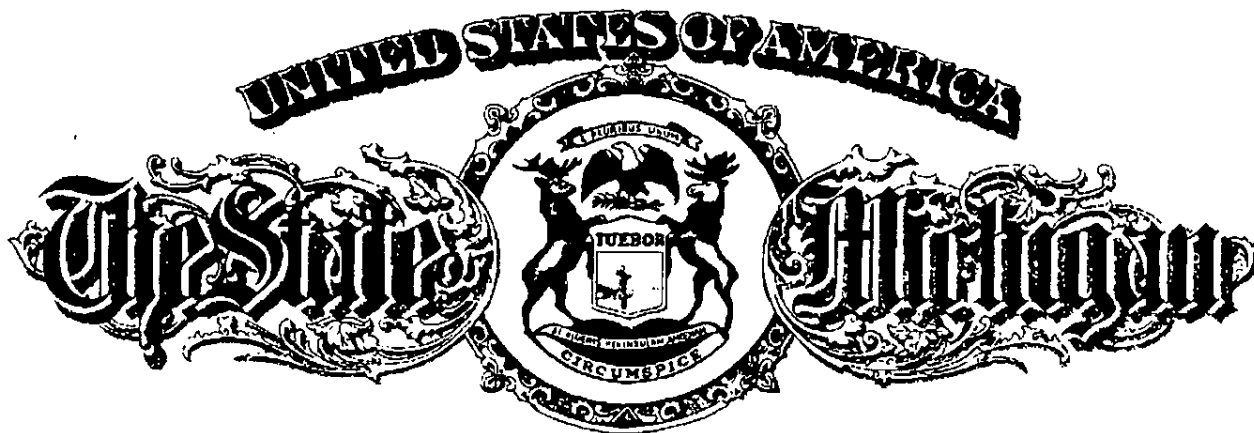
Jana Lindberg, Sole Member and Manager
1757 E. Front Street
Traverse City, MI 49686

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

Jana Lindberg
Signature of an authorized person

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any 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.

Jana Lindberg
Typed or printed name of signee



Department of Licensing and Regulatory Affairs

Lansing, Michigan

This is to Certify That

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SHADOWMAGIC, LLC

was validly organized on December 22, 2016 as a Limited Liability Company. Said Limited Liability Company is validly in existence under the laws of this state and has satisfied its annual filing obligations.

This certificate is issued pursuant to the provisions of 1993 PA 23, as amended, to attest to the fact that the company is in good standing in Michigan as of this date.

This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit given it in every court and office within the United States.



Sent by Facsimile Transmission
1441130

In testimony whereof, I have hereunto set my hand,
in the City of Lansing, this 3rd day of April, 2017

Julia Dale

Julia Dale, Director
Corporations, Securities & Commercial Licensing Bureau