18000001628

(Requestor's Name)
(Address)
(Address)
(1001633)
(City/State/Zip/Phone #)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
name 084
name, 084 W18-10265
Office Use Only
Once Use Only

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Magnolia Consulting, Inc. c/o Leonard Testa 1423 Bartow Drive #203 Celebration FL 34747 1 Apr 2018 .

Registration Section Division of Corporations PO Box 6327 Tallahassee FL 32314

Re: Letter Number 818A00004838

Dear Registrars,

Please see the attached, corrected Application by Foreign Corporation for Authorization to Transact Business in Florida.

I'm available by phone at (336) 686-7791 if there are any questions on this.

Thanks for your help.

Testa len.



Magnolia Consulting, Inc. c/o Leonard Testa 1423 Bartow Drive #203 Celebration FL 34747 25 Feb 2018

Registration Section Division of Corporations PO Box 6327 Tallahassee FL 32314

Re: Letter Number 718A00002101

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Dear Registrars,

Please see the attached, corrected Application by Foreign Corporation for Authorization to Transact Business in Florida.

I'm available by phone at (336) 686-7791 if there are any questions on this.

Thanks for your help.

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COVER LETTER

TO:	Registration Section
	Division of Corporations

Magnolia Consulting of North Carolina

SUBJECT: _

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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:

Leonard Testa

		Name o	of Per	ISON	
c/o Magnolia Consulting	g of North Carolina				
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1423 Bartow Drive #20	3				
		Adc	iress		
Celebration, FL 34747					
	C	ity/State	and	Zip code	
lentesta@gmail.com					
	E-mail address; (t	o he used	d for	future annual report r	notification)
For further information	concerning this matte	er, please	e cal	:	
Leonard Testa	at	336)	686-7791	
Name of Perso	n	Area Co	.xde	Daytime Telep	hone Number
Registration Se Division of Cor Clifton Buildin	Registration SectionRDivision of CorporationsDClifton BuildingP		Registration S Division of Co P.O. Box 632	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
Tallahassec, FL Enclosed is a check for	. 32301	t:			
□ \$70.00 Filing Fee	Certificate of S			\$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.

Magnolia Consulting, Inc.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION." "Inc.," "Co.," "Corp." "Inc." "Co." or "Corp.")

Magnolia Consulting of North Carolina, Inc.

(If name unavaila	ble in Florida, enter alternate corporate name	adopted for the purpose of	transacting business in Florida)
North Carolina 2.	3	56-2054229	
(State or country	7	(FEI nui	
4	of incorporation) 5	·	
(Date	of incorporation)	(Date of duratio	n, if other than perpetual)
6			
	(Date first transacted business) (SEE SECTIONS 607.1501 & 607.		
1423 Bartow Dri 7	ive, Celebration FL 34747		
	(Princ	ipal office address)	THE BERT
	(Current mail	ing address, if different)	a LE
8. Name and stree	at address of Florida registered agent: (P	.O. Box <u>NOT</u> acceptable	
Name:	Leonard Testa		PH 429
Office Address:	1423 Bartow Drive #203		<i>,</i>
	Celebration	, Florida	
	(City)	(Zip co	de)

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:

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Celebration, FL 34747	
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FICERS Leonard Testa	E PER E
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1423 Bartow Drive #203	· · · · · · · · · · · · · · · · · · ·
Celebration, FL 34747	
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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.

Leonard J Testa, President



NORTH CAROLINA **Department of the Secretary of State**

CERTIFICATE OF EXISTENCE

I, Elaine F. Marshall, Secretary of State of the State of North Carolina, do hereby certify that

MAGNOLIA CONSULTING, INC.

is a corporation duly incorporated under the laws of the State of North Carolina, having been incorporated on the 3rd day of October, 1997, with its period of duration being Perpetual.

I FURTHER certify that, as of the date set forth hereunder, the said corporation's articles of incorporation are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said corporation is not administratively dissolved for failure to comply with the provisions of the North Carolina Business Corporation Act; that its most recent annual report required by N.C.G.S. 55-16-22 has been delivered to the Secretary of State; and that the said corporation has not filed articles of dissolution as of the date of this certificate.





Scan to verify online.

Certification# 101632004-1 Reference# 14189910- Page: 1 of 1 Verify this certificate online at http://www.sosne.gov/verification IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 25th day of January, 2018.

Elaine I. Marshall

Secretary of State