

MO1000000324

TRANSMITTAL LETTER

To: Registration Section  
Division of Corporations

SUBJECT: Magellan Concepts (LLC)  
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign LLC for Authorization to Transact Business in Florida",  
"Certificate of Existence", 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:

Sharmila Sheena Hill

(Name of Person)

Magellan Concepts (LLC)

(Firm/Company)

2255 Glades Road  
# 324 APMD # 108

(Address)

Boca Raton, FL 33431

(City/State/Zip)

W01-243

500003519435--1  
-01/02/01--01133--003  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

500003519435--1  
-02/08/01--01053--005  
\*\*\*\*\*46.25 \*\*\*\*\*46.25

Should you need to call someone concerning this matter, please call:

Sharmila Sheen Hill

(Name of Person)

at (954) 562-2293

(Area Code & Daytime Telephone Number)

STREET ADDRESS:

Registration Section  
Division of Corporations  
409 E. Gaines St.  
Tallahassee, FL 32399

MAILING ADDRESS:

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

FILED  
00 FEB -9 AM 8:38  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Enclosed is a check for the following amount:

☐ \$70.00 Filing Fee

☒ \$78.75 Filing Fee &  
Certificate of Status

☐ \$78.75 Filing Fee &  
Certified Copy

☐ \$87.50 Filing Fee,  
Certificate of Status &  
Certified Copy

mtu  
2/9



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State

January 4, 2001

SHARMILA SHEENA HILL  
2255 GLADES ROAD  
#324 APMD #108  
BOCA RATON, FL 33431

SUBJECT: MAGELLAN CONCEPTS (LLC)  
Ref. Number: W01000000243

We have received your document for MAGELLAN CONCEPTS (LLC) and check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$46.25. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

We are enclosing the proper form(s) with instructions for your convenience.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6097.

Michael Mays  
Document Specialist

Letter Number: 001A00000471

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO  
TRANSACTION BUSINESS IN FLORIDA**

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:

1. Magellan Concepts (LLC)  
(Name of foreign limited liability company)
2. Delaware 3. N/A  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)
4. 11-14-00 5. Perpetual  
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")
6. Upon Qualification  
(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.))
7. 2255 Glade Road # 324 A PMD #1081  
Boca Raton, FL 33431  
(Street address of principal office)

8. If limited liability company is a manager-managed company, check here ☐

9. The name and usual business addresses of the managing members or managers are as follows:

Sharmila S. Hill  
2255 Glades Rd # 324A PMD #1081  
Boca Raton FL  
33431.

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00 FEB -9 AM 8:38  
SECRETARY OF THE  
TALLAHASSEE, FLORIDA

10. Attached is an original 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. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)

11. Nature of business or purposes to be conducted or promoted in Florida: \_\_\_\_\_

Marketing

Signature of a member or an authorized representative of a member.  
(In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Sharmila S. B. Hill  
Typed or printed name of signee

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, 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 Company is:

Magellan Concepts.

2. The name and the Florida street address of the registered agent and office are:

Sharmila Sheena Hill  
(Name)  
12257 NW 57TH, St Coral Springs  
22552 Blades Rd  
Florida street address (P.O. Box **NOT** ACCEPTABLE)  
Florida FL 33076.  
City/State/Zip

*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 608, F.S..*

Sharmila - S.B. Hill  
(Signature)

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

FILED  
00 FEB -9  
TALLAHASSEE, FL  
SECRETARY OF STATE

*State of Delaware*  
*Office of the Secretary of State*

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I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF FORMATION OF "MAGELLAN CONCEPTS (LLC)", FILED IN THIS OFFICE ON THE FOURTEENTH DAY OF NOVEMBER, A.D. 2000, AT 9 O'CLOCK A.M.

FILED  
00 FEB -9 AM 8:38  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



A handwritten signature in cursive script, reading "Edward J. Freel".

Edward J. Freel, Secretary of State

3315849 8100

AUTHENTICATION: 0792775

001572779

DATE: 11-14-00