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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

: (850)222-1092

Fax Number

: (850) 878-5368

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Bmail Address:

Foreign Limited Liability Company MAGNOLIA HI-FI. LLC

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\$125.00

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Corporate Filing Menu

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K. SALY EXAMINER DEC - 5 2012

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PAGE 01/05

CT CORPORATION

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Magnolia Hi-Fi, LLC	
Na	une of Limited Liability Company
	bility Company for Authorization to Transact Business in Florida," Certificate of above referenced foreign limited liability company to transact business in Florida
Please return all correspondence concerning this in	atter to the following:
Hannah Olsen	
	Name of Person
Hannad Olson Bast Buy	
	Firm/Company
7001 Penn Ave	s'outh
	Address
7001 Penn Ave Richfield MN	55423
	City/State and Zip Code
cls-annui	alreportfilingtenm@wolterskluwer.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, plea	se call:
Name of Person	at () Area Code & Daytime Telephone Number
MAILING ADDRESS:	STREET ADDRESS:
Division of Corporations	Division of Corporations
Registration Section	Registration Section
P.O. Box 6327	Clifton Building
Taliahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301
Enclosed is a check for the following amount	
\$125.00 Piling Fee \$130.00 Piling Per Certificate of State	e & S155.00 Filing Fee & S160.00 Filing Fee, Certificate
	e & S155.00 Filing Fee & S160.00 Filing Fee, Certificate

FLOST - 10/05/2010 C T Filling Manager Online

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

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:
I. Magnolia Hi-Fi, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C," "LLC.")
2, Washington 3, 91-0857815
(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)
4. 11/02/2012 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, if prior to registration.)
(See sections 508.501 & 608.502 F.S. to determine penalty liability)
(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) 7. 7601 Penn Ave South, Richfield, MN 55423
(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) 7. 7601 Penn Ave South, Richfield, MN 55423 (Street Address of Principal Office)
(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:
Todd G. Hartman, 7601 Penn Ave South, Richfield, MN 55423
Christopher K Gould, 7601 Penn Ave South, Richfield, MN 55423
Susan S. Grafton, 7601 Penn Ave South, Richfield, MN 55423
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 ranslation of the certificate under cath of the translator must be submitted.)
1. Nature of business or purposes to be conducted or promoted in Florida;
retail electronics
1851-5
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. 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, P.S.)
Todd G. Hartman
Typed or printed name of signee

FCD57 - 19/05/2010 C T FIBig Manager Online

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, PLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

fungvailable the	e alternate to be used in the state of Florida is:
i mileraliacio, tin	o and have to be using in the state of Piorida is.
. The name and	the Florida street address of the registered agent and office are:
	·
_	C T Corporation System
,	C T Corporation System (Name)
, 	
 	(Name) 1200 South Pine Island Road
	(Name)
- -	(Name) 1200 South Pine Island Road
. -	(Name) 1200 South Pine Island Road

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, Florida Statutes.

CT Corporation System

By: Jame Melson

Assistant Secretary

(Signature)

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

FLOSY - 12/05/2010 C T Filling Manager College



Secretary of State

I, SAM REED, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

CERTIFICATE OF EXISTENCE/AUTHORIZATION

OF .

MAGNOLIA HI-FI, LLC

I FURTHER CERTIFY that the records on file in this office show that the above named Limited Liability Company was formed under the laws of the State of WA and was issued a Certificate Of Formation in Washington on 11/2/2012.

I FURTHER CERTIFY that as of the date of this certificate, MAGNOLIA HI-FI, LLC remains active and has complied with the filing requirements of this office.

Date: November 2, 2012

UBI: 603-250-398

STATE OF WASHING

Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

Sam Reed, Secretary of State

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