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**Division of Corporations** 

Page 1 of 2

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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM Account Number : FCA00000023 Phone : (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.\*\*



## COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: Magic City Properties XIII, 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:

 Robert Zangrillo

 Name of Person

 Magic City Fund, LLC

 Firm/Company

 1521 Alton Road #352

 Address

 Miami Beach, FL 33139

 City/State and Zip Code

 dede@dragonglobal.com

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

For further information concerning this matter, please call:

Dede Loftua		at ( 650 ) 533	-3213		
Name of C	Contact Person	Area Code	Daytime Telephone Number		
MAILING ADDRESS:	STREE	T ADDRESS:			
Division of Corporations	Division	of Corporations			
Registration Section	Registr	tion Section			
P.O. Box 6327	Clifton	Building			
Tallahassee, FL 32314	2661 Ei	cecutive Center Circle			
·		Tallahassee, FL 32301			
Enclosed is a check for the fol	lowing amount:				
S125.00 Filing Fee	S130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee Certified Copy	& S160.00 Filing Fee, Certificate of Status & Certified Copy		

#### 12/24/2014 13:35:07 From: To: 8506176383

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

### IN COMPLIANCE WITH SECTION 605,19902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

If name unavailable, enter alternate name adopted for the purpos inbility Company," "L.L.C," or "LLC.")	e of transacti	ng business	in Florida. The alternate name must in	elude "Limite	zđ
2. Delaware	3. Ap	plied For			
(Jurisdiction under the law of which foreign limited liability company is organized)			(FEI number, if applicable)	 	D
4 Has not Begun					Sis
(Date first transacted busin (See sections 605.0904 & 605				EC 2	DIVISION OF
5				24	2
1521 Alton Road #352, Miami Beach, FL 33139				AM	07FC
(Sueet A	ddress of Pro	icipal Offic	æ)	ä	CRATIONS
5 1521 Alton Road #352, Miami Beach, FL 33139				Ē	To
					ж.
	Mailing Add	ress)			

Robert Zangrillo 1521 Alton Road #352, Miami Beach, FL 33139 MANAR CC

8. 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)

Signature of an authorized person

(is accordance with section 605.0203, F.S., the execution of his document contilution an affirmation unfor the penalties of penjury that the facts stated barein are true 1 am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in \$817.155, F.S.)

Dede Loftus

Typed or printed name of signee

12/24/2014 13:35:07 From: To: 8506176383

# 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 Company is:

Magic City Properties XIII, LLC

If unavailable, the alternate to be used in the state of Florida is:

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

Bruce Weil		14 E
(Name)		– Dec
100 SE 2nd Street, Suit Florida S	e 2800 treet Address (P.O. Box NOT ACCEPTABLE)	24 At
Miami	FL 33131	li citati Li citati Li citati
	City/Statc/Zip	ى س

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 605, Florida Statutes.

By (Signature)

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

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Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MAGIC CITY PROPERTIES XIII, 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 TWENTY-FOURTH DAY OF DECEMBER, A.D. 2014.

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

Jeffrey W. Bullack, Secretary of CATION: 1989191 cretary of State AUTHENT

DATE: 12-24-14

5663663 8300

141582176 You may verify this certificate onl. at corp.doleware.gov/authour.shtml PAGE

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