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Foreign Limited Liability Company CW - MAGNOLIA, LLC

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T. Shapen (1917) 3 2015

Electronic Filing Menu

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Help

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:

(Name of Foreign Limited Liability Company; must include "Limited Liability Company,"	, •,	
If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The dability Company," "L.L.C." or "LLC.")	e alternate name must include	"Limited
Delaware 3,		
[Jurisdiction under the law of which foreign limited liability (Ffil number company is organized)	per, if applicable)	
	2.4.c	<u> </u>
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to defermine penalty liability	y)	
8655 S. Priest Dr.	Çad	4
Tempe, AZ 85284	[7] 14 [7] 14 [7] 14	PH
(Street Address of Principal Office)	mico Guit	Promo
8655 S. Priest Dr.	ments Provide	<u>::</u> n
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Temps, AZ 85284 (Mailing Address) 7. The name, title or capacity and address of the person(s) who has/have authority.		* n • ·
(Mulling Address) 7. The name, title or capacity and address of the person(s) who has/have authorized the person(s) who has/have authorized the person(s).		
(Malling Address) The name, title or capacity and address of the person(s) who has/have authoromado West, LLC (Authorized Person)	ority to manage is/are:	
(Mailing Address) 7. The name, title or capacity and address of the person(s) who has/have authoronado West, LLC (Authorized Person) 1655 S. Priesi Dr.	ority to manage is/are:	
(Mailing Address) 7. The name, title or capacity and address of the person(s) who has/have authoromado West, LLC (Authorized Person) 1655 S. Priest Dr. Tempe, AZ 85284 . Attached is an original certificate of existence, no more than 90 days old, duaving custody of records in the jurisdiction under the law of which it is organic ceptable. If the certificate is in a foreign language, a translation of the certificate.	ority to manage is/are:	official
(Malling Address) 7. The name, title or capacity and address of the person(s) who has/have authorized Person 655 S. Priest Dr. 655 S. Priest Dr. 6mpe, AZ 85284 Attached is an original certificate of existence, no more than 90 days old, duaving custody of records in the jurisdiction under the law of which it is organic eceptable. If the certificate is in a foreign language, a translation of the certificate	ority to manage is/are:	official
(Malling Address) 7. The name, title or capacity and address of the person(s) who has/have authorized Person 655 S. Priest Dr. 655 S. Priest Dr. 656 S. Priest Dr. 657 Attached is an original certificate of existence, no more than 90 days old, during custody of records in the jurisdiction under the law of which it is organic ceptable. If the certificate is in a foreign language, a translation of the certificate be submitted) Signature of an authorized person accordance with section 605,0203, P.S., the execution of this document constitutes an affirmation under the penal	ority to manage is/are:	official not translator
(Mailing Address) 7. The name, title or capacity and address of the person(s) who has/have authoromado West, LLC (Authorized Person) 8655 S. Priest Dr. Tempe, AZ 85284 . Attached is an original certificate of existence, no more than 90 days old, duaving custody of records in the jurisdiction under the law of which it is organic ceptable. If the certificate is in a foreign language, a translation of the certificate be submitted)	ority to manage is/are:	official not translator

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.

CW - Magnolia	a, LLC			
If unavailable	e, the alternate to be used	in the state of Florida is:		
2. The name	and the Florida street add	dress of the registered agent and office are:	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	A
	C T Corporation System		1 , " .	너 는 ^^^
	C T Corporation System	(Name)		5 近班 - 2
	C T Corporation System 1200 South Pine Island R	· · ·		J. J
	1200 South Pine Island R	· · ·		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1

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.

C T Corporation System Joy Schroeder

(Signature) Assistant Secretary

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

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CW - MAGNOLIA, 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 FIRST DAY OF JUNE, A.D. 2015.

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



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150854684

TION: 2423958

DATE: 06-01-15