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COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT:	Magnate Corp, LLC				
SUBJECT.		Name of	Limited Liability	Company	-
				ation to Transact Business in Florida, ited liability company to transact business.	
Please return	all correspondence of	concerning this matter to the	following:		
	Chrisy Tellis				
		N	lame of Person		•
	Magnate Corp,	LLC			
		F	irm/Company		•
	2474 Walnut St	reet #284			
			Address		•
	Cary, NC 2751	8			
		City/S	State and Zip Code	·	•
	chrisytellis@bell	south.net			
		E-mail address: (to be use	d for future annua	l report notification)	•
For further in	formation concerning	g this matter, please call:			
Asl	nley Alexander		919 at (900-4720	
	Name o	f Contact Person	Area Code	- (1111)	•
Div Reg P.O Tall Enclosed is a	ILING ADDRESS: ision of Corporations istration Section . Box 6327 ahassee, FL 32314	ing amount:		STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	
₽ \$	125.00 Filing Fee	☐ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Fili. Certified Copy		

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 RUSINESS IN THE STATE OF FLORIDA:

	ign Limited Liability Company; mus	st include "Limited Liability Company," "L.L.C.," or "LLC.")
iability Company," "L.L.C," North Carolina	or "LLC.")	e of transacting business in Florida. The alternate name must include "Limite" 45-3832801
(Jurisdiction under the law of company is organized)	of which foreign limited liability	3(FEI number, if applicable)
·	(Date first transacted busine	ss in Florida, if prior to registration)
2474 Walnut Street #28		ss in Florida, if prior to registration.) 0905, F.S. to determine penalty liability)
Cary, NC 27518		
2102 Kedvale Ave	(Street Address of F	Principal Office)
Raleigh, NC 27617		
	(Mailing A	Address)
. Name and street address	g of Florida registered agent: (P.	O. Box NOT acceptable)
Name:	REGISTERED AGENTS I	NC.
Office Address:	3030 N. Rocky Point D	Prive, STE 150A
	TAMPA	, Florida <u>33607 ᆗ</u> 골
		· · · · · · · · · · · · · · · · · · ·
		(Zip code)
laving been named as reg his application, I hereby a with the provisions of all s	ance: eistered agent and to accept serv accept the appointment as regist tatutes relative to the proper an	(Zip code) vice of process for the above stated corporation at the place designatered agent and agree to act in this capacity. I further agree to come d complete performance of my duties, and I am familiar with and a Bill Havre/Assistant Secretary/Registered Agent
laving been named as reg his application, I hereby a with the provisions of all s	ance: existered agent and to accept service the appointment as regist tatutes relative to the proper and to as registered agent.	vice of process for the above stated corporation at the place designatered agent and agree to act in this capacity. I further agree to come d complete performance of my duties, and I am familiar with and a
laving been named as regains application, I hereby a with the provisions of all sine obligations of my positions. 3. The name, title or capacity.	ance: existered agent and to accept service the appointment as regist tatutes relative to the proper and to as registered agent. (Registation as remainded agent)	(Zip code) wice of process for the above stated corporation at the place designatered agent and agree to act in this capacity. I further agree to come decomplete performance of my duties, and I am familiar with and a Bill Havre/Assistant Secretary/Registered Agentered agent's signature)
laving been named as regals application, I hereby a with the provisions of all size obligations of my positions. B. The name, title or capacherisy Tellis, Manager	ance: existered agent and to accept service the appointment as regist tatutes relative to the proper and to as registered agent. (Registation as remainded agent)	(Zip code) vice of process for the above stated corporation at the place designatered agent and agree to act in this capacity. I further agree to come decomplete performance of my duties, and I am familiar with and a Bill Havre/Assistant Secretary/Registered Agentered agent's signature)
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laving been named as regards application, I hereby a with the provisions of all some obligations of my positions. The name, title or capacity Tellis, Manager 2474 Walnut Street #284 Cary, NC 27518	ristered agent and to accept service the appointment as regist tatutes relative to the proper and ion as registered agent. (Registrative and address of the person(s)) of existence, no more than 90 days of which it is organized. (If the committed)	(Zip code) pice of process for the above stated corporation at the place designal area agent and agree to act in this capacity. I further agree to come decomplete performance of my duties, and I am familiar with and a Bill Havre/Assistant Secretary/Registered Agent ered agent's signature) who has/have authority to manage is/are: ys old, duly authenticated by the official having custody of records in a foreign language, a translation of the certificate under
laving been named as regains application, I hereby a sith the provisions of all site obligations of my positions. B. The name, title or capacity Tellis, Manager 2474 Walnut Street #284. Cary, NC 27518. Attached is a certificate or capacity of the translator must be sufficient or capacity.	ristered agent and to accept service the appointment as regist tatutes relative to the proper and ion as registered agent. (Registered and address of the person(s)) of existence, no more than 90 days which it is organized. (If the committed) Signature in accordance with section 605.0 the Department of State constitutions.	(Zip code) pice of process for the above stated corporation at the place designate and agree to act in this capacity. I further agree to come decomplete performance of my duties, and I am familiar with and a Bill Havre/Assistant Secretary/Registered Agentered agent's signature) who has/have authority to manage is/are:



NORTH CAROLINA Department of the Secretary of State

CERTIFICATE OF EXISTENCE (Limited Liability Company)

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

MAGNATE CORP LLC

is a limited liability company duly formed under the laws of the State of North Carolina, having been formed on the 17th day of November, 2011, with its period of duration being Perpetual.

I FURTHER certify that the said limited liability company's articles of organization are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said limited liability company is not administratively dissolved for failure to comply with the provisions of the North Carolina Limited Liability Company Act; and that the said limited liability company has not filed articles of dissolution as of this date of this certificate.





Scan to verify online.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 23rd day of March, 2016.

Elaine J. Marshall

Secretary of State

Certification# 98256077-1 Reference# 13009356- Page: 1 of 1 Verify this certificate online at http://www.sosnc.gov/verification