

#### https://efile.sunbiz.org/scripts/efilcovr.exe[8/3/2016 4:02:38 PM]

1. In an

# 8/3/2016 4:03:20 PM From: To: 8506176383( 2/5 )

### **COVER LETTER**

#### TO: Registration Section Division of Corporations

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*~*,

SUBJECT: Magic City Studios, 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						
	N	lame of Person		<u> </u>		
Magie City Fund	,LLC					
	j:	irm/Company		• • • • • • • • • • • • • • • • •		
120 ne 27th stree	4 #200					
		Address				
Miami , FL 3313	7					
	City/S	State and Zip Code				
dede@dragonglob					TA S	
For further information concerning	E-mail address: (to be use this matter, please call:		eport notifier	anon)	CRETARY LAHASSE	
Dede Loftus		at ( 650	) 533-321	13		ED
Name of	Contact Person	Area Codo	: Day	ytime Telephone N	umber 2	
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314	Divisio Registr Clifton 2661 F	ET ADDRESS: on of Corporations ration Section Building Executive Center C assee, FL 32301			ORIDA	1: 33
Enclosed is a check for the fo	ollowing amount:					
🛱 \$125.00 Filing Fee	□ \$130.00 Filing Fee & Certificate of Status	Certified Co		□ \$160.00 Fili of Status &	ng Fee, Certi Certified Coj	

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8/3/2016 4:03:20 PM From: To: 8506176383( 3/5 )

## 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:

1. Magie City Studios, LLC (Name of Foreign Limited Ltability Company: must	ist include "Limited Liability Company," "L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted for the purpose Liability Company," "L.L.C," or "LLC.")	ose of nansacting business in Florida. The alternate name must include "Limited
2. Delaware	3. Applied For
(Jurisdiction under the law of which foreign limited liability company is organized)	(FEI number, if applicable)
4. Has not Begun	
	ncss in Florida, if prior to registration.) 5.0905, F.S. to determine penalty liability)
5	
120 nc 27th street #200, Miann, FL 33137	
(Street Ad	Address of Principal Office)
6. <u>120 ne 27th street #200, Miami, FL 33137</u>	
()	(Mailing Address)
7. The name, title or capacity and address of the	c person(s) who has/have authority to manage is/arc:
Robert Zangrillo Mgr- 120 ne 27th street #200, Miami, FL	L 33137
Tony Cho Mgr- 120 nc 27th street #200, Miami, FL 33137	ART 6 T
	SSEEC LE
s. Anached is an original certificate of existence, i	, no more than 90 days old, duly authenticated by the officia

having custody of records in the jurisdiction under the law of which it is organized. (A photography 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

In accordance with section 605.0203, 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 felong as provided for in s.817.155, F.S.)

Dede Loftus

Typed or printed name of signee

## 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 Studios, 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			с Г	י ה
(Name)		n ch c	ω	ŗ
			AN	Ċ
100 SE 2nd Street Suite 2800		62		
Florida S	treet Address (P.O. Box NOT ACCEPTABLE)	RIDA	: 32	
Miami	FL 33131			

ð

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 605, Florida Statutes.

Bruce Weil By:	Min	Aller			
(Signature)					

- \$ 100.00 Filing Fee for Application
- \$ 25.00 Designation of Registered Agent
- **\$ 30.00** Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

8/3/2016 4:03:20 PM From: To: 8506176383( 5/5 )



Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MAGIC CITY STUDIOS, 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 THIRD DAY OF AUGUST, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL FRANCHISE TAXES HAVE BEEN ASSESSED TO DATE.





Authentication: 202768240 Date: 08-03-16

6107970 8300 SR# 20165209960 You may verify this certificate of

You may verify this certificate online at corp.delaware.gov/authver.shtml