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COVER LETTER

Registration Section

TO:

Division o	f Corporations
SUBJECT:	MAGELLAN HARDWOOD FLOORS, LLC Name of Limited Liability Company
	lication by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of the submitted to register the above referenced foreign limited liability company to transact business in Florida.
Please return all co	rrespondence concerning this matter to the following:
	RANDY E. LOYD
	Name of Person
	MAGELLAN HARDWOOD FLOORS, LLC
-	Firm/Company
	1021 JACKSON STREET
-	Address
	ANDERSON, IN 46016
_	City/State and Zip Code
	RJLOYD1111@yahoo.com
	E-mail address: (to be used for future annual report notification)
For further inform	RANDY E. LOYD at (765) 643-0070 STATES Name of Contact Person Area Code Daytime Telephone Alimber
Division Registrati P.O. Box	of Corporations Division of Corporations Division Section Registration Section
	ck for the following amount: 00 Filing Fee \$\Bigsquare\$ \$130.00 Filing Fee & Certificate Certificate of Status

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

IN COMPLIAINCE COMPANY TO TRA	; WITH SECTION (ID:1902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER ANSACT BUSINESS IN THE STATE OF FLORIDA:	A FOREIGN LIMITED LL	ABILITY
1. <u>M2</u>	AGELLAN HARDWOOD FLOORS, LLC		
(Na	ame of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.,"	or "LLC.")	
(If name unavailab	ble, enter alternate name adopted for the purpose of transacting business in Florida. The alternate n	ame must include "Limite	:d
2 TN	NDIANA 447-1450243		
(Jurisdiction und	der the law of which foreign limited liability (FE! number, if applicab ganized)	lc)	
4 :	N/A		
**	(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)		
5	1021 JACKSON STREET		
 	ANDERSON, IN 46016 (Street Address of Principal Office)	_ TAI 20	
6. :	1021 JACKSON STREET	5	***
U			Executar extreme
1	ANDERSON, IN 46016 (Mailing Address)		gerge.
7. Name and stre	eet address of Florida registered agent: (P.O. Box NOT acceptable)		₽ †
Name:	CORPORATION SERVICE COMPANY		-
Office A	Address: 1201 HAYS STREET	27	
:	TALLAHASSEE, FL 32301 ,Florida (Zin code)		
: Registered aven	(City) (Zip code)		
Having been nas designated in thi to complywith th	sused as registered agent and to accept service of process for the above stated limited lie is application, I hereby accept the appointment as registered agent and agree to act in the provisions of all statutes relative to the proper and complete performance of my dutations of my position as registered agent. (Ragistered agent's signature)	this capacity. I further	agree -
8. The name, tit	itle or capacity and address of the person(s) who has/have authority to manage is/are:		
RA	ANDY E. LOYD, MANAGER		
10.	21_JACKSON_STREET		
AN.	DERSON, IN 46016		
jurisdiction unde of the translator	certificate of existence, no more than 90 days old, duly authenticated by the official having the law of which it is organized. (If the certificate is in a foreign language, a translation must be submitted) Significant of an authorized person	of the certificate under	the oath
This document is submitted in a do	is executed in accordance with section 605.0203 (1) (b), Florida Statutes, I am aware that ocument to the Department of State constitutes a third degree felony as provided for in s.8	any raise information	

State of Indiana Office of the Secretary of State

CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greeting:

I, CONNIE LAWSON, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execute this certificate.

I further certify that records of this office disclose that

MAGELLAN HARDWOOD FLOORS LLC

duly filed the requisite documents to commence business activities under the laws of the State of Indiana on June.27, 2014, and was in existence or authorized to transact business in the State of Indiana on August 30, 2016.

I further certifiy this Domestic Limited Liability Company has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution, or expiration has been filed or taken place.



In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, August 30, 2016

Corrie Lauron

CONNIE LAWSON
SECRETARY OF STATE

2014062700147 / 201694086

Verify this certificate:https://bsd.sos.in.gov/ValidateCertificate