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J. LEGGETT APR 0 9 2018

COVER LETTER

TO:

TO:	Registration Section Division of Corporations
SUBJE	MAGNATE DIVERSIFIED HOLDINGS L.L.C.
SUDJE	Name of Limited Liability Company
	osed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of and check are submitted to register the above referenced foreign limited liability company to transact business in Florida
Please r	turn all correspondence concerning this matter to the following:
	MARCIETTA WILSON
	Name of Person
	MAGNATE DIVERSIFIED HOLDINGS L.L.C.
	Firm/Company
	1060 WOODCOCK ROAD
	Address
	ORLANDO, FL 32803
	City/State and Zip Code
	GLEWIS422@GMAIL.COM
	E-mail address: (to be used for future annual report notification)
For furt	er information concerning this matter, please call:
	MARCIETTA WILSON 216 402-0721 at ()
	Name of Contact Person Area Code Daytime Telephone Number
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314 STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301
Enclose	is a check for the following amount: □ \$125.00 Filing Fee □ \$130.00 Filing Fee & □ \$155.00 Filing Fee & □ \$160.00 Filing Fee, Certificate Certificate of Status □ \$155.00 Filing Fee & □ \$160.00 Filing Fee, Certificate Of Status & 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 BUSINESS IN THE STATE OF FLORIDA;

	FIED HOLDINGS LLC Limited Liability Company; must include "L	Limited Liability Com	pany," "L.L.C.," or "LLC.")		
I Chame unavailable, enter alternate n	ame adopted for the purpose of transacting business	in Florida. The alternate	name must include "Limited Liabili	ity Company " "L 1	C " or "LLC ")
OHIO	and adopted for the purpose of transacting transacting		5076437	ny Company, 1212	C. 01 131,C. 7
	luch foreign limited liability company is organized)	3		, if applicable)	
01/03/2018					
. 01/03/2018	(Date first transacted business in Florida, if pr	mor to registration.)		. .	<u>~</u> ;
10/0 WOODGOGK II	(See sections 605.0904 & 605.0905; F.S. to'd				공:
5. 1060 WOODCOCK RI (Street Address of F		6. <u>1060</u>) WOODCOCK ROAD (Mailing Addres	<u></u>	
ORLANDO, FL 32803		ORL	ANDO, FL 32803		۱ ش
					70
					- 34 .
Name and street addres	ss of Florida registered agent: (P.O.	Boy NOT accen	rable)		رن رن
The title ti	_	170.1 1.10.1 decep		· · · · · · · · · · · · · · · · · · ·	
Name:	MARCIETTA WILSON		_	•	
Office Address:	1060 WOODCOCK ROAD				
	OBLANDO		73907		
	ORLANDO (City)		, Florida 32803 (Zip code)		
laving been named as re lesignated in this applica o comply with the provisi	registered agent and to accept service tion, I hereby accept the appointme ions of all statutes relative to the pros of my position as registered agent.	ent as registered o oper and complete	agent and agree to act ir	this capacity	. I further a
Having been named as re lesignated in this applica o comply with the provisi and accept the obligation.	gistered agent and to accept service tion, I hereby accept the appointme ions of all statutes relative to the pro s of my position as registered agent	ent as registered dependent as registered dependent complete. I	agent and agree to act in te performance of my di	this capacity	. I further a
laving been named as re lesignated in this applica o comply with the provisi and accept the obligation.	gistered agent and to accept service tion, I hereby accept the appointme ions of all statutes relative to the pro- s of my position as registered agent. (Registered ag	ent as registered a coper and complete t. (gent's signature)	agent and agree to act in te performance of my di	this capacity	. I further a 1 familiar w
laving been named as re- lesignated in this applical o comply with the provisi- and accept the obligation: S. The name, title or capa	gistered agent and to accept service tion, I hereby accept the appointme ions of all statutes relative to the pro- s of my position as registered agent. (Registered agent) active and address of the person(s) wh	ent as registered a coper and complete t. (gent's signature)	agent and agree to act in the performance of my di rity to manage is/are:	this capacity uties, and I an	. I further a a familiar w ddress:
laving been named as re- lesignated in this applica to comply with the provisi nd accept the obligation. 8. The name, title or capa Title or Capacity:	gistered agent and to accept service tion, I hereby accept the appointmetions of all statutes relative to the pross of my position as registered agent. (Registered agent acity and address of the person(s) when and Address:	ent as registered a coper and complete. (gent's signature) (ho has/have autho	agent and agree to act in the performance of my di rity to manage is/are:	this capacity dies, and I un Name and A	. I further a familiar we defense: WIS OCOCK ROA
laving been named as resignated in this applicate occupily with the provisiond accept the obligation. 3. The name, title or capa Title or Capacity:	gistered agent and to accept service tion, I hereby accept the appointmetions of all statutes relative to the pross of my position as registered agent. (Registered agent active and address of the person(s) where Name and Address: MARCIETTA WILSON 1060 WOODCOCK ROAD	ent as registered a coper and complete. (gent's signature) (ho has/have autho	agent and agree to act in the performance of my di rity to manage is/are:	Name and A WENDY LE	. I further a familiar we defense: WIS OCOCK ROA
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designated in this applicate comply with the provisional accept the obligation. 8. The name, title or capate Title or Capacity: PRESIDENT (Use attachments if neces). Attached is a certificate urisdiction under the law of the translator must be sign. This document is exec	gistered agent and to accept services tion, I hereby accept the appointment ions of all statutes relative to the prosess of my position as registered agent. (Registered agent accept and address of the person(s) who Name and Address: MARCIETTA WILSON 1060 WOODCOCK ROA ORLANDO, FL 32803 sary) of existence, no more than 90 days of which it is organized. (If the certical contents of the certi	old, duly authentificate is in a forei	rity to manage is/are: r Capacity: cated by the official havign language, a translation	Name and A WENDY LE 1060 WOOE ORLANDO.	ddress: WIS OCOCK ROA FL 32803

Typed or printed name of signee

MARCIETTA WILSON

UNITED STATES OF AMERICA STATE OF OHIO OFFICE OF THE SECRETARY OF STATE

I, Jon Husted, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show MAGNATE DIVERSIFIED HOLDINGS, L.L.C., an Ohio Limited Liability Company, Registration Number 1099562, was organized within the State of Ohio on September 13, 1999, is currently in FULL FORCE AND EFFECT upon the records of this office.



Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 5th day of April, A.D. 2018.

Ohio Secretary of State

on Hastel

Validation Number: 201809503764