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COVER LETTER

TO:

Registration Section

Division of Corporations		
SUBJECT: MANGIONE STUDIOS, LLC		
Name of I	Limited Liability	Company
The enclosed "Application by Foreign Limited Liability Comp Existence, and check are submitted to register the above refere		
Please return all correspondence concerning this matter to the	following:	
Chad Clegg		
Ni	ame of Person	
MANGIONE STUDIOS, LLC		
Fi	irm/Company	
3846 Gatlin Ridge Dr.		
	Address	
0.1		
Orlando, FL 32812	4-4	
City/Si	tate and Zip Code	•
Chad@mangionestudios.com		
E-mail address: (to be used	d for future annua	l report notification)
For further information concerning this matter, please call:		
Chad Clegg	at (813) 966-3209
Name of Contact Person	Area Code	
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
Enclosed is a check for the following amount: 2 \$125.00 Filing Fee \$130.00 Filing Fee &	□ \$155.00 Fili	ng Fee & \$\Bigsim\$ \$160.00 Filing Fee, Certificate

Certified Copy

Certificate of Status

of Status & Certified Copy

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

IN COMPLIANCE WITH SECTION 6050902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

(If name unavailable, enter a Liability Company," "L.L.C,		ourpose of transacting but	siness in Florida. The alternate r	ame must in	iclude "	Limited
2. Nevada (Jurisdiction under the law company is organized)	of which foreign limited liabil	3	(FEI number, if applicat	le)		
4						
	(See sections 605.0904	business in Florida, if pri & 605.0905, F.S. to deter	or to registration.) mine penalty liability)			
5. 3846 Gatlin Ridge D	r					
Orlando, FL 3281		ess of Principal Office)				
6. 3846 Gatlin Ridge	Dr.					
Orlando, FL 32812				3		amb
01141100,112 02012	(Ma	ailing Address)		X	APR	
7. Name and street addres	s of Florida registered agen	nt: (P.O. Box <u>NOT</u> ac	ceptable)	36.3	23	The same
Name:	Chad Clegg			ता। ह्यान्य स्व	De H	
Office Address:	3846 Gatlin Ridge [Or.		121 120 141 141 141	ट्रह	····
Office / tautess.						
omee ridaress.	Orlando		—— . _{Florida} 32812	27.13 17.13 17.13	<u>مَنْ</u>	
Registered agent's accep	(Ci	ity)	Florida 32812 (Zip code)		- ,-	t the ninc
Registered agent's accep Having been named as re designated in this applica to complywith the provisi accept the obligations of t	tance: gistered agent and to acception, I hereby accept the apons of all statutes relative to my position as registered and	ot service of process for process for project and compared compare	(Zip code) or the above stated limited lid ed agent and agree to act in plete performance of my dut	ibility comp	pany a	urther ag
Registered agent's accept Having been named as redesignated in this applicate complywith the provision accept the obligations of the same, title or capa	tance: gistered agent and to acception, I hereby accept the apons of all statutes relative to my position as registered at a certain and address of the personal and address of the personal active ac	of service of process for prointment as registered agent. Registered agent's signal son(s) who has/have au	thority to manage is/are:	ibility comp	pany a	urther ag
Registered agent's accept Having been named as redesignated in this applicate complywith the provision accept the obligations of the same, title or capath Chad Clegg, Management of the capath Chad Clegg, Management in the same of the capath	tance: gistered agent and to acception, I hereby accept the apons of all statutes relative to my position as registered acception as registered acceptance and address of the personal statutes and address of the personal statutes.	on service of process for prointment as registered agent. Registered agent's signal son(s) who has/have auto 6 Gatlin Ridge Dieses for the property of the pr	the above stated limited lied agent and agree to act in olete performance of my dutation. thority to manage is/are:	ibility comp this capaci ies, and I a	pany a	urther ag
Registered agent's accept Having been named as redesignated in this applicate complywith the provision accept the obligations of the same, title or capa	tance: gistered agent and to acception, I hereby accept the apons of all statutes relative to my position as registered acception as registered acceptance and address of the personal statutes and address of the personal statutes.	on service of process for prointment as registered agent. Registered agent's signal son(s) who has/have auto 6 Gatlin Ridge Dieses for the property of the pr	thority to manage is/are:	ibility comp this capaci ies, and I a	pany a	urther ag

Typed or printed name of signee

Chad Clegg

SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, Barbara K. Cegavske, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **MANGIONE STUDIOS**, **LLC**, as a limited liability company duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since March 14, 2018, and is in good standing in this state.

SEAL OF THE OF

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on April 4, 2018.

Barbara K. Cegerske

Barbara K. Cegavske Secretary of State

Electronic Certificate

Certificate Number: C20180404-1497