

## Florida Department of State

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(((H18000212874 3)))



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jmyers@myersapartmentgroup.com

### Foreign Limited Liability Company **MAG Portiva LLC**

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K. SALY JUL 25 2018

### Fax Audit No. H18000212874 3

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

	TION 605.0502. FLORIDA STATUTES: TI NIN'ESS IN'THE STATE OF FLORIDA:	HE FOLLOWIN	G IS SUBMITTED TO REGISTE	R A FOREKGN LIMITED LIABILITY	
L MAG PORTIVA LLC	·				
	Limited Liability Company; must include "I	Limited Linbility	Company," "L.L.C.," or "LLC.")		
	•	•			
(If name unavailable, once alternate in	aine adopted for the purpose of transacting besiness	r in Florida. The alt	create name must include "Lumued Liabi	hty Company," "L.L.U," or "LLC.")	
2. DELAWARE		3.	83-0963074		
(lansdeten inder the law of wi	nch interign landed lightlity company is regulated)		(FEI numbe	r, it applicable)	
4.		,			
	(Date first transacted larginess in Florida, if p (See sections 603.0%)4 & 605.0705, E.S. to)	rior to regulation. determine penalty h	ability]		
5. 915 S. DIXIE HIGHW	/AY	6	915 S. DIXIE HIGHWAY		
(Street Address of Frincipal Univer)		• .	(Mailing Address)		
WEST PALM BEACE	1, FL 33401	-	WEST PALM BEACH, FL	33401	
				<u> </u>	
7. Name and street address	g of Florida registered agent: (P.O.	. Box <u>NOT</u> a	cceptable)		
Name:	CORPORATE CREATIONS NE	TWORK IN	2.		
Manie.		0.412.#2011	<del></del>		
Office Address:	11380 PROSPERITY FAMRS RO	OVO #371E	<del></del>		
	PALM BEACH GARDENS		, Florida <u>33410</u>		
Registèred agent's accep	(Cny)		(Zap code	55 8	
designated in this applicate to comply with the provise	gistered agent and to accept service tion. I hereby accept the appointm ions of all statutes relative to the pu is of my position as registered agen	ent as registe raper and col d.	red agent and agree to act t uplete performance of my a	n this capacity. I juriuer agree	
	Micriael	akent, e obamene) KOMMOIO 'A	ice President	•	
8. The name, title or cap <u>Title or Capacity:</u>	acity and address of the person(s) w	<u>1</u> 1	authority to manage is/are: tle or Capacity:	Name and Address:	
MANAGER	MAG PORTIVA CAPIT				
	WEST PALM BEACH.	<u>FL 3</u> 3401			
			<del></del>		
		<del></del>			
(Use attachments if neces	ssary)	<del></del>			
9. Attached is a certificate jurisdiction under the law of the translator must be s	e of existence, no more than 90 days of which it is organized. (If the cer submitted)	s old, duly au tificate is in a	thenticated by the official ha foreign language, a translati	ving custody of records in the ion of the certificate under oath	
10. This document is exe- submitted in a document t	cuted in accordance with section 60 to the Department of State constitute	5.0203 (1) (b es a third degr	), Florida Statutes. I am awar se feluny as provided for in	e that any false information s.817.155, F.S.	
	- have	~~~ <u>~</u>		<del></del>	
	1 .	Signature of an auth	одина реглен		

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# Delaware

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MAG PORTIVA 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 SEVENTEENTH DAY OF JULY, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MAG PORTIVA LLC" WAS FORMED ON THE NINETEENTH DAY OF JUNE, A.D. 2018.

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

6938128 8300 SR# 20185709432

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

Authentication: 203079506

Date: 07-17-18

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