

NA2100000000 839

(Requestor's Name)

(Address)

(Address)

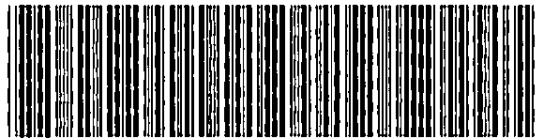
(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____



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TALLAHASSEE, FL

MS
1/22/21



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 23, 2020

JOHN WILKERSON
5135 BLENHEIM RD
CHARLOTTESVILLE, VA 22902

SUBJECT: MAGNOLIA CONSULTING, LLC
Ref. Number: W20000145999

We have received your document for MAGNOLIA CONSULTING, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Yvette Scott
Document Specialist II

Letter Number: 020A00026057

RECEIVED
JUN 1 2021

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. MAGNOLIA CONSULTING, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

MAGNOLIA CONSULTING OF FLORIDA, LLC
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. COMMONWEALTH OF VIRGINIA
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 030488942
(FEI number, if applicable)

4. _____
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 5135 BLENHEIM RD
(Street Address of Principal Office)

6. SAME
(Mailing Address)

CHARLOTTESVILLE, VA 22902

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7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: NORTHWEST REGISTERED AGENT LLC

Office Address: 7901 4th ST. N, STE 300

ST. PETERSBURG, Florida 33702
(City) (Zip code)

Registered agent's acceptance:

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 application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Tom Glover

(Registered agent's signature)

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

Title or Capacity: Name and Address:

Manager Name: STEPHANIE WILKERSON

Member Address: 5135 BLENHEIM RD

Authorized CHARLOTTESVILLE, VA 22902

Person _____

Other PRESIDENT Other _____

Manager Name: _____

Member Address: _____

Authorized _____

Person _____

Other _____ Other _____

Manager Name: _____

Member Address: _____

Authorized _____

Person _____

Other _____ Other _____

Title or Capacity: Name and Address:

Manager Name: JOHN WILKERSON

Member Address: 5135 BLENHEIM RD

Authorized CHARLOTTESVILLE, VA 22902

Person _____

Other FINANCE MANAGER Other _____

Manager Name: _____

Member Address: _____

Authorized _____

Person _____

Other _____ Other _____

Manager Name: _____

Member Address: _____

Authorized _____

Person _____

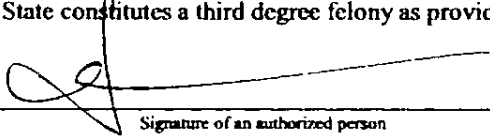
Other _____ Other _____

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Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.



 Signature of an authorized person

JOHN E. WILKERSON, FINANCE MANAGER, MAGNOLIA CONSULTING, L

 Typed or printed name of signer

Commonwealth of Virginia



State Corporation Commission

CERTIFICATE OF FACT

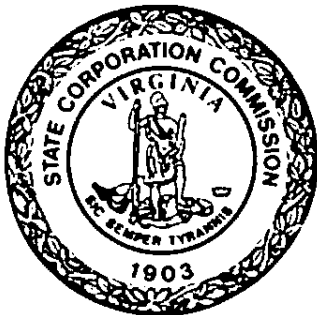
I Certify the Following from the Records of the Commission:

That Magnolia Consulting, LLC is duly organized as a limited liability company under the law of the Commonwealth of Virginia;

That the limited liability company was formed on October 16, 2002; and

That the limited liability company is in existence in the Commonwealth of Virginia as of the date set forth below.

Nothing more is hereby certified.



Signed and Sealed at Richmond on this Date:

December 8, 2020

A handwritten signature in cursive script, appearing to read "Bernard J. Logan".

Bernard J. Logan, Interim Clerk of the Commission

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SECRETARY OF STATE
WILLIAM STEELE, III