

A17000000186

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

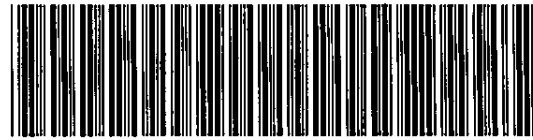
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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APR 18 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: EMagic Ltd.

Name of Florida Limited Partnership or Limited Liability Limited Partnership

The enclosed Certificate of Limited Partnership and fees are submitted for filing.

Please return all correspondence concerning this matter to:

Alex Martins with a copy to: Nyea Sturman

Contact Person

Orlando Magic

Firm/Company

400 W. Church Street, Suite 250

Address

Orlando, FL 32801

City, State and Zip Code

amartins@orlandomagic.com nsturman@orlandomagic.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Alex Martins or Nyea Sturman at (407) 916-2406 407-916-2709

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- \$1,000.00 Filing Fees (\$965 Filing Fee and \$35 Registered Agent Fee) \$1,008.75 Filing Fees and Certificate of Status \$1,052.50 Filing Fees and Certified Copy \$1,061.25 Filing Fees, Certified Copy, and Certificate of Status

STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

**CERTIFICATE OF LIMITED PARTNERSHIP
FOR
FLORIDA LIMITED PARTNERSHIP
OR
LIMITED LIABILITY LIMITED PARTNERSHIP**

1. EMagic Ltd.

(Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix)
Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd.
*Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P.,
or L.L.P.*

2. 400 W. Church Street, Suite 250
(Street address of initial designated office)

Orlando, FL 32801

3. Alex Martins
(Name of Registered Agent for Service of Process)

4. 400 W. Church Street, Suite 250
(Florida street address for Registered Agent)

Orlando, FL 32801

5. *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.*



Signature of Registered Agent

6. 400 W. Church Street, Suite 250
(Mailing address of initial designated office)

Orlando, FL 32801

7. If limited partnership elects to be a limited liability limited partnership, check box

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8. Name and business address of each general partner:

Name:

Business Address:

RDV Sports Inc.

126 Ottawa N.W. Suite 500

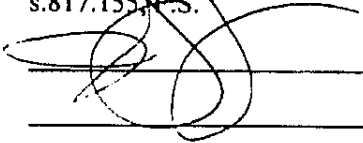
Grand Rapids, MI 49503

9. Effective date, if other than the date of filing: _____

(Effective date cannot be prior to nor more than 90 days after the date the document is filed by the Florida Department of State.)

Signed this 6th day of April, 2017

Signature of each general partner: I/We submit this document and affirm that the facts stated herein are true. I/We am/are 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.



Filing Fees:

\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)

Certified Copy (optional):

\$52.50

Certificate of Status (optional):

\$8.75

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FILED