(Requestor's Name)					
(Ad	dress)				
(, , ,	u.c.33)				
(Address)					
(Cit	y/State/Zip/Phone	#)			
,		,			
PICK-UP	MAIT	MAIL			
(Bu	siness Entity Nam	ne)			
<u></u>	cument Number)				
(50	cament Hamber,				
Certified Copies	_ Certificates	of Status			
Special Instructions to	Filing Officer:				
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Office Use Only



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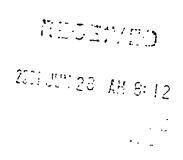
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D CUSHING

COVER LETTER

TO:	Registration S Division of C		•		•	
SUBJ	Magic Pla	ce Phase One Fund, LP				
3013	(Name of F	lorida Limited Partnership	or Limited Liability	y Limited	d Partnership))
The en	nclosed Notice	of Dissolution and fee	e(s) are submitted	for fill	ing.	
Plcase	return all corre	espondence concernin	g this matter to:			
Giulia	nna Orsetti					
(Contact Person)			-			
Magic	Companies Group	LLC				
		(Firm/Company)		_		
7430 E	Brooklyn Drive					
	······	(Address)		-		2021 C 55
Kissin	nmee, FL 34747					2021 JUN 28
	((City, State and Zip Code)		-		
For fu	irther informati	on concerning this ma	atter, please call:			PH 1:21
Giulia	nna Orsetti		407 at (99288	302 Ext 102	7
	(Name of Co	ontact Person)	(Area Code	and Day	time Telepho	ne Number)
Enclo	sed is a check f	or the following amou	unt:			
\$ \$52	2.50 Filing Fee	☐ \$61.25 Filing Fee and Certificate of Status	\$105.00 Filin and Certified Cop	•	S113.75 Certified Co Certificate of	
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Registi Division The Co 2415 N	entre of J. Monr		e	





June 8, 2021

GIULIANNA ORSETTI MAGIC COMPANIES GROUP LLC 7430 BROOKLYN DRIVE KISSIMMEE, FL 34747

SUBJECT: MAGIC PLACE PHASE ONE FUND, LP

Ref. Number: A15000000784

We have received your document for MAGIC PLACE PHASE ONE FUND, LP and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The limited partnership must complete and submit a Certificate of Dissolution along with the attached Notice of Dissolution in order to dissolve a Florida limited partnership or limited liability limited partnership on our records. The fee to file both the Certificate of Dissolution and Notice of Dissolution is \$52.50.

The document must be signed by all of the general partners or the person appointed pursuant to s. 620.1803(3) or (4), Florida Statutes, to wind up the partnership's affairs.

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) 245-6050.

Diane Cushing Senior Section Administrator

Letter Number: 021A00012418

CERTIFICATE OF DISSOLUTION FOR ,

Nagic Place Shase	ONC Fund, LP					
(Name of Florida Limited Partnership or Limi	ted Liability Limited Partnership)					
nartnership or limited liability limited na	1.1203, Florida Statutes, this Florida limited representation, whose certificate was filed with the assigned Florida sassigned Florida hereby submits this Certificate of					
FIRST: Reason for dissolution: (State	why partnership is submitting dissolution)					
no lactivit	ty					
SECOND: A Notice of Dissolution is attached. (Check box if attached.)						
Department of State.)	of filing: 06 23 2021 90 days after the date this document is filed by the Etoridas neet the applicable statutory filing requirements, this date will the Department of State's records.					
Signatures of each general partner or the person a						
						
9	2.50 2.50 75					