B1900000003

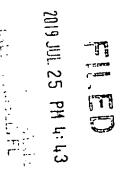
(Re	equestor's Name)			
(Ad	ldress)			
(Ad	ldress)			
(Cit	ty/State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	isiness Entity Nar	me)		
(Document Number)				
Certified Copies	_ Certificate:	s of Status		
Special Instructions to	Filing Officer:			
ı				





000330247870

06/14/19--61614 -666 **1866.66



BKINSEY



FLORIDA DEPARTMENT OF STATE Division of Corporations

June 26, 2019

FELIPE MARDAKIS 7345 W SAND LAKE RD., STE 226 ORLANDO, FL 32819

SUBJECT: 2BMAGIC, LP Ref. Number: W19000060090

We have received your document for 2BMAGIC, LP and your check(s) totaling \$1000.00. 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.

Letter Number: 519A00012997

Brooke N Kinsey Regulatory Specialist II

www.sunbiz.org

COVER LETTER

.

Division of Corporations		
SUBJECT: 2bMagic, LP		
SUBJECT: Name of Foreign Limited	d Partnership or Limited	Liability Limited Partnership
The enclosed application, certificate of status partnership to transact business in Florida. Please return all correspondence concerning t		to register a foreign limited partnership or limited liability limited
Felipe Mardakis		
Contact Person	· -	_
Prime Accounting & Consultancy, LLC		
Firm/Company		_
7345 W. Sand Lake Rd. Ste. 226		
Address	·	_
Orlando, FL 32819		
City, State and Zip Co	de	_
info@primeaccounting.com		
E-mail address: (to be used for future annua	l report notification)	_
For further information concerning this matte	r, please call:	
Felipe Mardakis	at (407	232-6777
Name of Contact Person		and Daytime Telephone Number
Enclosed is a check for the following amount	:	
\$1,000.00 Filing Fees \$1,008.75 Filing (\$965 Filing Fee and \$35 Registered Agent Fee) \$1,008.75 Filing Status		
STREET ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	MAILING AD Registration Sec Division of Cor P. O. Box 6327 Tallahassee, FL	ction porations

Tallahassee, FL 32301

RE: W190000 60090

APPLICATION BY FOREIGN LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP TO TRANSACT BUSINESS IN FLORIDA

25Magic, LP					
	and the sufferment initial Partners!	ity Limited Partnership, which must inclusive, Limited, L.P., LP. or Ltd. Limited Liability Limited Partnership, L.L.L.			
It name unavailable,	name under which the limited partner	ship or limited liability limited partnership partners	proposes to regis	iter to tri	ansact
, Delaware		3. May 22, 2019			
Stat	te or Country of Formation	Date of Formation	on		
4. Federal Employer	Identification Number 84-2040396				
	d Agent for Service of Process and				
Prime Accounting					
7345 W. Sand Lake R	Rd. Ste. 226				
Orlando, FL 32819					
6. Thereby accept the of all statutes relating my position as regi	rive to the proper and complete performstered agent.	l agree to act in this capacity. I further agreemance of my duties, and I am familiar with	and accept the c	obligatio	ns of
	Signati	ure of Registered Agent		~:	
7. Principal Office:		8. Mailing Address:		2019	
16192 Coastal Highway		7345 W. Sand Lake Rd.		2019 JUL 25	LL.
		Ste. 227	·	. 25	
Lewes, DE 19958-97	wes, DE 19958-9776 Orlando, FL 32819		11	- P	
	rship is a limited liability fimited p:		[T	ካካ፡ካ Wd	J
10. Name, principa	l office address, and mailing addres	ss of each general partner:			
Name of General	Partner: 2bTrust, LLC MIGOCC	0023H Name of General Partner:			 -
Street Address:	16192 Coastal Highway	Street Address:			
	Lewes, DE 19958-9776				
Mailing Address:	7345 W. Sand Lake Rd. Ste 227	Mailing Address:			
	Orlando, FL 32819				
Name of Genera	l Partner:	Name of General Partner:	-	_=	
		Street Address:			
Mailing Address		Mailing Address:			

Name of Gen	eral Partner:	Name of General Partner:	Name of General Partner:	
Street Addres	s:	Street Address:		
Mailing Addr	ess:	Mailing Address:		
(Effective date car Note: If the date i		after the date this document is filed by the applicable statutory filing requirements, to cords.		
Florida Departme the law of which i	nt of State, by the Secretary of State or of it is organized.	d, not more than 90 days prior to the dele other official having custody of the entity	ivery of this application to the a records in the jurisdiction under	
Signed this	day of	.20 19		
			_	
	Sign	nature of a general partner		
		s stated herein are true and the individua itutes a third degree felony as provided f		
	Filing Fees: Certified Copy (optional): Certificate of Status (optional):	\$1,000.00 (\$965 Filing Fee and \$35 \$52.50 \$8.75	5 Registered Agent (28)	
		Page 2 of 2	H H III	
			(♣	

.

•

Page 1

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "2BMAGIC, LP" 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 TENTH DAY OF JUNE, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "2BMAGIC, LP" WAS FORMED ON THE TWENTY-SECOND DAY OF MAY, A.D. 2019.

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

Authentication: 202994467

Date: 06-10-19