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811571/70.00-U September 6, 2000

SERVICES	MagicSta		NAM	Œ (S) AND D	OCUMENT NUMBER (S):
Filing Evide ☑ Plain/Confirm				Type of Do	
□ Certified Copy				Certificate of	of Good Standing
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					Documents to Include
Retrieval Re □ Photocopy	<u>quest</u>				Amendments of Fictitious Name
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NEW FILINGS		AMENDMENTS		· · · · · · · · · · · · · · · · · · ·	*****70.00 *****70.00
Profit		Amendment			
Non Profit	<u> </u>	Resignation of RA Officer/Director			<u></u>
Limited Liability		Change of Registered Agent			7096
Domestication		Dissolution/Withdrawal			2 =
Other		Merger			A SE
OTHER FILINGS		REGISTRATION/QUALIFICATION			
Annual Reports	x	X Foreign			RECEIVED O SEP -6 PH 2: 54 WISTON OF CONFERATION TALLAMASSEE, FLORIDA
Fictitious Name	<u> </u>	Limited Partnership		電影 5	
Name Reservation		Reinstatement			-
Reinstatement		Trademark			
		Other			

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCI REGISTER A FOI	E WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.
words or abbrevi	ration; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or iations of like import in language as will clearly indicate that it is a corporation instead of a repartnership if not so contained in the name at present.)
2. Delawar	under the law of which it is incorporated) 3. 59-3656046 FEI number, if applicable)
(State or country	under the law of which it is incorporated) . (FEI number, if applicable)
4 June 27	7, 2000 5. Perpetual G
(Date	7, 2000 5. Perpetual e of incorporation) (Duration: Year corp. will cease to existor "perpetual")
6. June 27	7, 2000
(Date first	transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
, 11266 W	West Hillsborough Avenue, #171, Tampa, Florida 33635
	and the state of t
	(Current mailing address)
	(02.0
. E-comme	erce
(Purpose)	(s) of corporation authorized in home state or country to be carried out in state of Florida)
` •	
9. Name and str	reet address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)
Name:	NRAI Services, Inc.
Office Address:	526 East Park Avenue
	mallahassee 32301
	Tallahassee ,Florida, 32301 (Zip code)
10. Registered	agent's acceptance:
_	·
this application, I with the provision the obligations of	ted as registered agent and to accept service of process for the above stated corporation at the place designated in hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply as of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept my position as registered agent. (Registered agent's signature)
11. Attached is a Department of Sta	certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the ate, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of prated.

12. Names and addresses of officers and/or directors: (Street address ONLY - P.O. Box NOT acceptable)

A. DIRECTORS (Street address only - P.O. Box NOT acceptable) Chairman: None Address: ____ Vice Chairman: ___None Address: _ Director: Kenneth A. Kelly Address: 11266 West Hillsborough Avenue, #171, Tampa, Florida 33635 Director: Justin L. Bergner 11266 West Hillsborough Avenue, #171, Tampa, Florida 33635 B. OFFICERS (Street address only - P.O. Box NOT acceptable) President: Kenneth A. Kelly Address: 11266 West Hillsborough Avenue, #171, Tampa, Florida 33635 Vice President: None Address: _ Justin L. Bergner 11266 West Hillsborough Avenue, #171, Tampa, Florida 33635 Address: Kenneth A. Kelly Treasurer: 11266 West Hillsborough Avenue, #171, Tampa, Florida 33635 Address: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application) Kenneth A. Kette President (Typed or printed name and capacity of person signing application)

State of Delaware

Office of the Secretary of State

PAGE 1

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MAGICSTAY, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS INCORPORATE AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FIRST DAY OF SEPTEMBER, A.D. 2000.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MAGICSTAY, INC." WAS INCORPORATED ON THE TWENTY-SEVENTH DAY OF JUNE, A.D. 2000.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.

Edward J. Freel, Secretary of State

AUTHENTICATION: 0653943

DATE: 09-01-00

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