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Division of Corporations
Fax Number : (850)205-0383

From:

Account Name : A I A CORPORATE SERVICES, INC.
Account Number : I20010000247
Phone : (305) 674-3313
Fax Number : (305) 675-2811

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DIVISION OF CORPORATION

FOREIGN PROFIT QUALIFICATION

MAGIC BLOSSOM INC.

Certificate of Status	0
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TALLAHASSEE, FLORIDA

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**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

1. MAGIC BLOSSOM INC.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. NEW YORK

(State or country under the law of which it is incorporated)

3.

(FEI number, if applicable)

4. 05/06/04

(Date of incorporation)

5. PERPETUAL

(Duration: Year corp. will cease to exist or "perpetual")

6. UPON QUALIFICATION

(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.")
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. 135-05 HOOVER AVE. 3A KEW GARDENS, NY 11435

(Principal office address)

(Current mailing address)

8. Retail sale.

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)

Name: **MORRAN GIBORI**

Office Address: **3501 S TAMiami TrL SUITE # 747**

SARASOTA

(City)

, Florida **34239**

(Zip code)

10. Registered agent's acceptance:

*Having been named as registered agent and to accept service of process for the above stated corporation 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.*

X

(Registered agent's signature)

**11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to
the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction
under the law of which it is incorporated.**

12. Names and business addresses of officers and/or directors:

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A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: SIMCHA AHARON

Address: 135-05 HOOVER AVE. 3A

KEW GARDENS, NY 11435

Vice President: MORRAN GIBORI

Address: 135-05 HOOVER AVE. 3A

KEW GARDENS, NY 11435

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. X
(Signature of Director or Officer listed in number 12 of the application)

14. MORRAN GIBORI, VICE PRESIDENT
(Typed or printed name and capacity of person signing application)

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FROM :

FAX NO. :

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**State of New York } ss:
Department of State**

I hereby certify, that the Certificate of Incorporation of **MAGIC BLOSSOM INC.** was filed on 05/06/2004, with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is a subsisting corporation.

Witness my hand and the official seal
of the Department of State at the City
of Albany, this 08th day of June
two thousand and four.



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