

F05000001291

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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100045844461

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

~~4005-6885~~
J. B. BROWN FEB - 9 2005

F05-1291

BA

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Magna Medical Services Inc.
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

LORRAINE C. KASTER CLA

(Name of Person)

S.O.S. SECRETARIAL SERVICE

(Firm/Company)

360 Wilshire Blvd. Ste. 105

(Address)

Casselberry, Florida 32707

(City/State and Zip code)

For further information concerning this matter, please call:

ROBERT GREENE, MAGNA MEDICAL

(Name of Person)

at (407) 708 1801

(Area Code & Daytime Telephone Number)

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TALLAHASSEE, FLORIDA

STREET ADDRESS:

Registration Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:

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

Enclosed is a check for the following amount:

- ☐ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status ☐ \$78.75 Filing Fee & Certified Copy ☒ \$87.50 Filing Fee, Certificate of Status & Certified Copy



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

February 9, 2005

LORRAINE C. KASTER CLA
S.O.S. SECRETARIAL SERVICE
360 WILSHITE BLVD. STE. 105
CASSELBERRY, FL 32707

SUBJECT: MAGNA MEDICAL SERVICES, INC.
Ref. Number: W05000006885

We have received your document for MAGNA MEDICAL SERVICES, INC. and your check(s) totaling \$87.50. However, the document has not been filed and is being retained in this office for the following:

The certificate of existence must be issued within the last 90 days by the Secretary of State which has custody of the records in the jurisdiction under the laws of which the above listed entity is incorporated/organized.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Joey Bryan
Document Specialist

Letter Number: 405A00009255

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

February 21, 2005

LORRAINE C. KASTER CLA
S.O.S. SECRETARIAL SERVICE
360 WILSHIRE BLVD. STE. 105
CASSELBERRY, FL 32707

SUBJECT: MAGNA MEDICAL SERVICES, INC.
Ref. Number: 100045844461

You failed to make the correction(s) requested in our previous letter.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Joey Bryan
Document Specialist

Letter Number: 005A00012031

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

March 1, 2005

LORRAINE C. KASTER CLA
S.O.S. SECRETARIAL SERVICE
360 WILSHITE BLVD. STE. 105
CASSELBERRY, FL 32707

SUBJECT: MAGNA MEDICAL SERVICES, INC.
Ref. Number: W05000006885

You failed to make the correction(s) requested in our previous letter.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Joey Bryan
Document Specialist

Letter Number: 905A00014236

SECRETARY OF STATE
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. Magna Medical Services 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. Nevada 3. 20-2208557
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 1/19/05 5. "Perpetual"
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. Feb 1, 2005
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502 F.S. to determine penalty liability)

7. 5348 Vegas Drive, Las Vegas, NV 89108
(Principal office address)

254 South Ronald Reagan Blvd Ste 136
(Current mailing address) Longwood FL 32750

8. Corporation design to operate in regions. Won a contract
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) in Florida

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

Name: S.O.S. Secretarial Inc.

Office Address: 360 Wilshire Blvd Ste 160
Casselberry FL Florida 32707
(City) (Zip code)

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TALLAHASSEE, FLORIDA

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.

Louanne B. Foster Pres.
(Registered agent's signature) S.O.S. Secretarial Service

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:

A. DIRECTORS

Chairman: John VanharaAddress: 5348 Vegas DriveLas Vegas, NV 89108Vice Chairman: John Vanhara

Address: _____

Director: John Vanhara

Address: _____

Director: John Vanhara

Address: _____

B. OFFICERS

President: John Vanhara

Address: _____

Vice President: John Vanhara

Address: _____

Secretary: John Vanhara

Address: _____

Treasurer: John Vanhara

Address: _____

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

13. [Signature]
(Signature of Director or Officer listed in number 12 of the application)14. JOHN VANHARA, PRESIDENT
(Typed or printed name and capacity of person signing application)SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, DEAN HELLER, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **MAGNA MEDICAL SERVICES, INC.**, as a corporation duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since January 19, 2005, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on February 16, 2005.

A handwritten signature in cursive script that reads "Dean Heller".

DEAN HELLER
Secretary of State

By

A handwritten signature in cursive script that reads "Sharon Ketz".

Certification Clerk

