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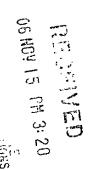
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P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Drive, Suite A Tallahassee, FL 32301 PHONE: (850) 216-0457; FAX: (850) 216-0460

DATE:	11-15-06
NAME:	MAGMIC CORP
TYPE OF FII	LING: APPLICATION TO TRANSACT BUISNESS
COST:	CK FOR \$70 ATTACHED
RETURN:	
ACCOUNT:	FCA000000015
AUTHORIZA	ATION: ABBIE/PAUL HODGE

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. MAGMIC CORPORATION
(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. DELAWARE 3. 98-0499298 = 8
2. DELHWARE 3. 98-0499 498 (FEI number, if applicable) 5. 7
4. JUNE 14, 2006 5. PERPETUAL 5.
(Date of incorporation) (Duration: Year corp. will cease to exist or perpetual")
6. July 2, 2006
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 6859 No Grande Drive, Boca Raton, Florida 33433 F
(Principal office address)
126 York Street, 4th Floor, Ottowa, Ontario, Canada KIN ST
(Current mailing address)
(
8. Business Development
(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 NOT acceptable)
Name: Florida Filing & Seurch Services, Inc.
Office Address: 155 Office Plaza M., Ste A.
Tallahussee , Florida 32301
(City) (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.

(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: A. DIRECTORS Chairman: JOHN CRISWICK Address: 126 York Street, Ottawa, Ontano, Canada KIN 5T5 Vice Chairman: JOSHUA OSTROWALKER Address: 126 York Street, Ottawa, Ontario, Canada Director: PHTL GIROW Address: 126 York Street, Otlawa, Ontario, Canada KIN 575 Director: ___ Address: ___ **B. OFFICERS** President: _____ Vice President: Address: Secretary: Address: Address: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. (Signature of Director or Officer listed in number 12 of the application)

John Criswich CED

(Typed or printed name and capacity of person signing application)

Delaware

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MAGMIC CORPORATION" IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-SEVENTH DAY OF OCTOBER, A.D. 2006.





Harriet Smith Windson Secretary of State

AUTHENTICATION: 5152704

DATE: 10-27-06

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