

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

FOREIGN PROFIT/NONPROFIT CORPORATION
Magnum Seeds, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$1,470.00

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11 APR 14 PM 1:22

DIVISION OF CORPORATIONS

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11 APR 14 AM 10:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MRD
4/15

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

11 APR 14 AM 10:56

A. DIRECTORS

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Chairman: Kenneth Owens

Address: 5825 SIEVERS ROAD, DIXON, CA 95620

Vice Chairman: _____

Address: _____

Director: WET OUYANG

Address: 5825 SIEVERS ROAD, DIXON, CA 95620

Director: FRANCISCO AVILA

Address: 5825 SIEVERS ROAD, DIXON, CA 95620

B. OFFICERS

President: KENNETA OWENS

Address: 5825 SIEVERS ROAD, DIXON, CA 95620

Vice President: _____

Address: _____

Secretary: KENNETH OWENS

Address: 5825 SIEVERS ROAD, DIXON, CA 95620

Treasurer: WET OUYANG

Address: 5825 SIEVERS ROAD, DIXON, CA 95620

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

13. Kenneth Owens

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a

**State of California
Secretary of State**

CERTIFICATE OF STATUS

FILED

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**SECRETARY OF STATE
TALLAHASSEE FLORIDA**

ENTITY NAME:

MAGNUM SEEDS, INC.

**FILE NUMBER: C2176019
FORMATION DATE: 09/13/1999
TYPE: DOMESTIC CORPORATION
JURISDICTION: CALIFORNIA
STATUS: ACTIVE (GOOD STANDING)**

**I, DEBRA BOWEN, Secretary of State of the State of California,
hereby certify:**

**The records of this office indicate the entity is authorized to
exercise all of its powers, rights and privileges in the State of
California.**

**No information is available from this office regarding the financial
condition, business activities or practices of the entity.**



**IN WITNESS WHEREOF, I execute this certificate
and affix the Great Seal of the State of
California this day of April 12, 2011.**

Debra Bowen

**DEBRA BOWEN
Secretary of State**