

F1400002689

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

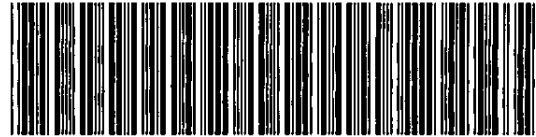
(Document Number)

Certified Copies

Certificates of Status

Special Instructions to Filing Officer:

Office Use Only



500261364865

06/20/14--01025--011 **87.50

FILED
CLERK OF COURT
14 JUN 20 AM 10:59

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Magic Memories (USA) Ltd.

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," or "Certificate of Good Standing" 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:

Laura Jackson

Name of Person

Magic Memories (USA) Ltd.

Firm/Company

3055 Northern Ave.

Address

Kingman / AZ / 86409

City/State and Zip code

Laura.jackson@magicmemories.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Laura Jackson

Name of Person

at (928) 757-8837 x29

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

New Filing 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

**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 Memories (USA) Ltd 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. 90-0653120
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 01 / 25 / 2011 5. PERPETUAL
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

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

7. 3055 Northern Ave, Kingman, AZ 86409
(Principal office address)

3055 Northern Ave, Kingman, AZ 86409
(Current mailing address)

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

Name: Lee Moore

Office Address: 807 Oak Shadows Rd.

Celebration, Florida 34747
(City) (Zip code)

9. 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)

10. 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.

14 JUN 20 AM 10:59
RECEIVED
SECRETARY OF STATE
DEPARTMENT OF STATE

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: Kevin Jackson

Address: 3055 Northern Ave

Kingman, AZ 86409

Director: _____

Address: _____

B. OFFICERS

President: John Wikstrom

Address: 160 Lower Shotover Road

Queenstown, FO, FO, New Zealand, 9300

Vice President: _____

Address: _____

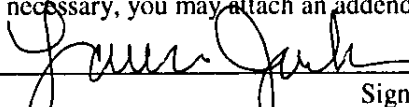
Secretary: Steve Taitoko

Address: 10 Mathias Terrace, Arthurs Point, Queenstown, ^{FO, F.O.,} New Zealand
9300

Treasurer: Laura Jackson

Address: 3308 Kayenta Rd., Golden Valley, AZ 86409

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

12. 

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 third degree felony as provided for in s.817.155, F.S.

13. Laura Jackson, Treasurer

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

Delaware

PAGE 1

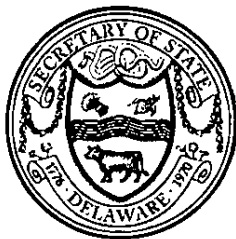
The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MAGIC MEMORIES (USA) LTD." 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 SEVENTEENTH DAY OF JUNE, A.D. 2014.


AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MAGIC MEMORIES (USA) LTD." WAS INCORPORATED ON THE TWENTY-FIFTH DAY OF JANUARY, A.D. 2011.

4931700 8300

140842961



You may verify this certificate online
at corp.delaware.gov/authver.shtml


Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 1457580

DATE: 06-17-14