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COVER LETTER

		,					
	Filing Section sion of Corpora				: :		
SUBJECT	MAG, Ir	nc.					
·		Name	of corporati	on -	must include suffix		
Dear Sir or M	ladam:				:		
"Certificate o		or "Certificate	of Good S	tand	uthorization to Transa ing" and check are sub in Florida		
Please return	all correspond	ence concerni	ing this mat	ter t	o the following:		
Patricia	A. Glads	stone	_		-		
			Name	of P	erson		
Handler	Thayer,	LLP			· .		
,			Firm/Co		any	• •	
191 N. \	Wacker I	Drive, Su	uite 230	00			
• ,	,		Ad	dres	s		
Chicago	o, IL 606	06					
			•	anc	i Zip code		
pgladsto	ne@hand						
	E	i-mail address	: (to be use	d fo	r future annual report r	iotification)	
For further in	formation con	cerning this m	natter, pl e as	e ca	ll:	•	•
Patricia	Gladsto	ne	at (312		641-2100		
Nam	e of Person		Are	a Co	ode & Daytime Telepho	one Number	
	;						
New Divis Clifto 2661	EET/COURING Filing Section ion of Corpora on Building Executive Cer hassee, FL 32	ntions	S:		MAILING AI New Filing Se Division of Co P.O. Box 6327 Tallahassee, F	ction prporations	. 1.2
Enclosed is a	check for the	following amo	ount:				
■ \$70.00 Fil	ing Fee	\$78.75 Filing Certificate of			\$78.75 Filing Fee & Certified Copy	S87.50 Find Certification	te of Status &

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.

	Corp," "Inc," "Co," or "Corp.")			
(If name unavai	lable in Florida, enter alternate corporate name	adopted for the purpose of transacting business in Florida)	1	
_{2.} Delawar	e			
(State or coun	ry under the law of which it is incorporated)	(FEI number, if applicable)		
4. August 1	9, 2014 _{s.}	Perpetual		
(Dat	e of incorporation)	(Duration: Year corp. will cease to exist or "perpetual")	_	
6. Upon da	te of filing			
	(Date Gest terranded business)	n Florida, if prior to registration)		
•	(Date first transacted dusiness)	500 F.C. to determine analysisk like		
27291 0:	(SEE SECTIONS 607.1501 & 607.1	502, F.S., to determine penalty liability)		
_{7.} 27291 Oa	(SEE SECTIONS 607.1501 & 607.1 ak Knoll, Bonita Springs, Fl	502, F.S., to determine penalty liability) L 34134	~	
	(SEE SECTIONS 607.1501 & 607.1 ak Knoll, Bonita Springs, Fl (Principal office add	502, F.S., to determine penalty liability) L 34134 Iress)	-	
	(SEE SECTIONS 607.1501 & 607.1 ak Knoll, Bonita Springs, Fl (Principal office add k Knoll, Bonita Springs, FL 3	502, F.S., to determine penalty liability) L 34134 Iress) 34134	~	
·	(SEE SECTIONS 607.1501 & 607.1 ak Knoll, Bonita Springs, Fl (Principal office add	502, F.S., to determine penalty liability) L 34134 Iress) 34134	~	
27291 Oa	(SEE SECTIONS 607.1501 & 607.1 ak Knoll, Bonita Springs, Fl (Principal office add k Knoll, Bonita Springs, FL 3	502, F.S., to determine penalty liability) L 34134 Iress) Iress)	14	
27291 Oa	(SEE SECTIONS 607.1501 & 607.1 ak Knoll, Bonita Springs, Fl (Principal office add (K Knoll, Bonita Springs, FL 3) (Current mailing add	502, F.S., to determine penalty liability) L 34134 lress) 34134 lress) O. Box NOT acceptable)	1 14 AUG	,
27291 Oa 8. Name and stre	(SEE SECTIONS 607.1501 & 607.1 ak Knoll, Bonita Springs, Florida Springs, FL 3 (Current mailing add et address of Florida registered agent: (P.0)	502, F.S., to determine penalty liability) L 34134 lress) 34134 lress) O. Box NOT acceptable)	14 AUG 20	
27291 Oa 8. Name and stre Name:	(SEE SECTIONS 607.1501 & 607.1 ak Knoll, Bonita Springs, Florida Springs, FL 3 (Current mailing add et address of Florida registered agent: (P.C.) National Corporate Research, Ltd.,	502, F.S., to determine penalty liability) L 34134 lress) 34134 lress) O. Box NOT acceptable)	14 AUG 20 AH IO:	

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)

ASSISTANT Secretary

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.

11. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: Address: Vice Chairman: Address: Director: George A. Mellon Address: 27291 Oak Knoil Bonita Springs, FL 34134 Director: **B. OFFICERS** President: George A. Mellon Address: 27291 Oak Knoll Bonita Springs, FL 34134 Vice President: Mary C. Mellon Address: 27291 Oak Knoll Bonita Springs, FL 34134 Secretary: George A. Mellon Address: 27291 Oak Knoll, Bonita Springs, FL 34134 Treasurer: George A. Mellon Address: 27291 Oak Knoll, Bonita Springs, FL 34134 NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. 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. George A. Mellon, President

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "MAG, INC." 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 TWENTIETH DAY OF AUGUST, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MAG, INC."

WAS INCORPORATED ON THE NINETEENTH DAY OF AUGUST, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES

HAVE NOT BEEN ASSESSED TO DATE.

14 AUG 20 AH IO: 58 SECRETARY ORIGINAL

5588598 8300

141084456

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

Jeffrey W. Bullock, Secretary of State

THENTYCATION: 1633417

DATE: 08-20-14