

F15000005054

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

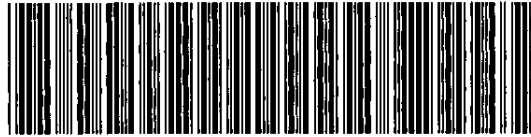
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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Y SULKER

WIS-70132



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 22, 2015

GUSTAVO CRUZ  
2120 NATOMA AVE  
NORTH CHICAGO, IL 60064

SUBJECT: MAGIC CIRCLE CREPES CORPORATION  
Ref. Number: W15000070133

We have received your document for MAGIC CIRCLE CREPES CORPORATION and your check(s) totaling \$87.50. However, the document has not been filed and is being retained in this office for the following:

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.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Yasemin Y Sulker  
Regulatory Specialist II

Letter Number: 215A00022411

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** MAGIC CIRCLE CREPES CORPORATION

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:

GUSTAVO CRUZ

Name of Person

MAGIC CIRCLE CREPES CORPORATION

Firm/Company

2120 NATOMA AVE

Address

NORTH CHICAGO IL 60064

City/State and Zip code

BILL.MURIEL@GLADYSWILSONASSOC.COM & MAGICCIRCLECREPES@GMAIL.COM

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

For further information concerning this matter, please call:

GUSTAVO CRUZ

224

538-1477

at ( )

Name of Person

Area Code

Daytime Telephone Number

**STREET/COURIER ADDRESS:**

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

**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

**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.*

MAGIC CIRCLE CREPES CORPORATION

1. \_\_\_\_\_  
(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. ILLINOIS 3. 47-3654060  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 04/06/2015 5. \_\_\_\_\_  
(Date of incorporation) (Date of duration, if other than perpetual)

6. 10/25/2015

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

7. 2120 NATOMA AVE, NORTH CHICAGO IL 60064  
(Principal office address)

(Current mailing address, if different)

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TALLAHASSEE, FLORIDA

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

Name: GUSTAVO CRUZ

Office Address: 1523 8TH AVENUE EAST

PALMETTO 34221  
(City) Florida (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.

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

**A. DIRECTORS**

Chairman: GUSTAVO CRUZ  
Address: 2120 NATOMA AVE, NORTH CHICAGO IL 60064

Vice Chairman: GUSTAVO AYALA  
Address: 2120 NATOMA AVE, NORTH CHICAGO IL 60064

Director: \_\_\_\_\_  
Address: \_\_\_\_\_

Director: \_\_\_\_\_  
Address: \_\_\_\_\_

**B. OFFICERS**

President: GUSTAVO AYALA  
Address: 2120 NATOMA AVE, NORTH CHICAGO IL 60064

Vice President: GUSTAVO CRUZ  
Address: 2120 NATOMA AVE, NORTH CHICAGO IL 60064

Secretary: GUSTAVO CRUZ  
Address: 2120 NATOMA AVE, NORTH CHICAGO IL 60064

Treasurer: \_\_\_\_\_  
Address: \_\_\_\_\_

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

12.   
Signature of Director or Officer

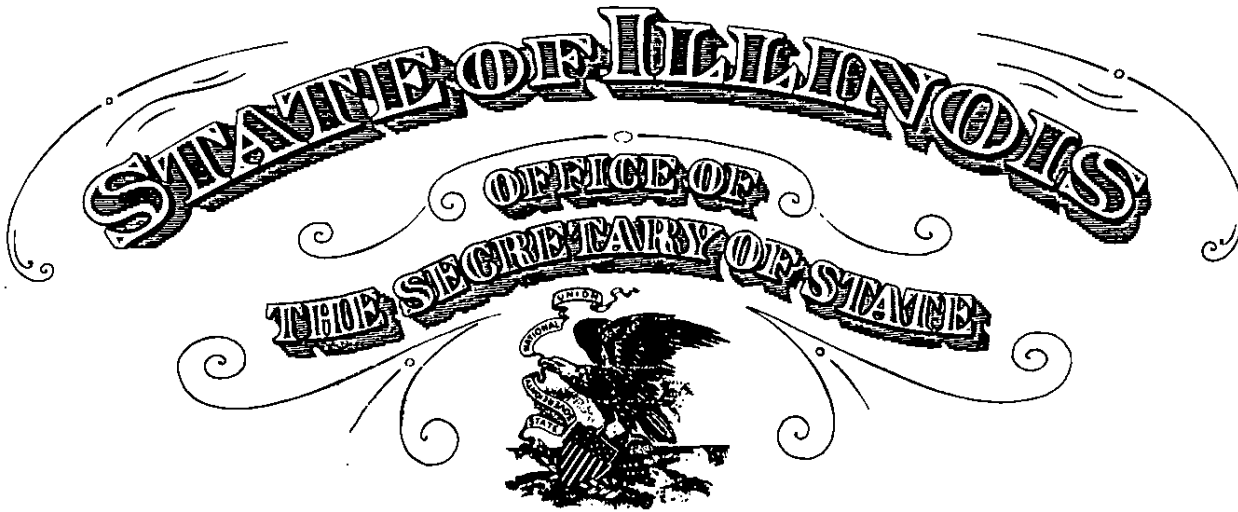
The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

13. Gustavo Cruz (Owner)  
(Typed or printed name and capacity of person signing application)

15 NOV 13 PM 3:12  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

File Number

7012-433-5



***To all to whom these Presents Shall Come, Greeting:***

***I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that***

MAGIC CIRCLE CREPES CORPORATION, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON APRIL 06, 2015, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE RELATING TO THE PAYMENT OF FRANCHISE TAXES, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



***In Testimony Whereof, I hereto set  
my hand and cause to be affixed the Great Seal of  
the State of Illinois, this 3RD  
day of NOVEMBER A.D. 2015 .***

*Jesse White*

SECRETARY OF STATE