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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 205-8842
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TALLAHASSEE, FLORIDA

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

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FOREIGN PROFIT/NONPROFIT CORPORATION
Magna (US) Inc.

Certificate of Status	0
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JUL 29 2016
J. HARRIS

**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. Magna (US) Inc.
(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. _____
(State or country under the law of which it is incorporated) (FBI number, if applicable)
4. December 31, 1997 5. Perpetual
(Date of incorporation) (Date of duration, if other than perpetual)
6. January 1, 2015
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. Scotia House, 404 East Bay Street, P.O. Box N-3016, Nassau, The Bahamas
(Principal office address)

(Current mailing address, if different)

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

Name: C T Corporation System
Office Address: 1200 South Pine Island Road
Plantation, FL 33324 , Florida _____
(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.

C T Corporation System
By: Angel Shearer **Angel Shearer**
(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.

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

A. DIRECTORS

Chairman: Baldwin Rigby

Address: Scotin House, 404 East Bay Street, P.O. Box N-3016, Nassau, The Bahamas

Vice Chairman: Dwight Dorsett

Address: Scotin House, 404 East Bay Street, P.O. Box N-3016, Nassau, The Bahamas

Director: Gersham Pratt

Address: Scotin House, 404 East Bay Street, P.O. Box N-3016, Nassau, The Bahamas

Director: Iris Sherman

Address: Scotin House, 404 East Bay Street, P.O. Box N-3016, Nassau, The Bahamas

B. OFFICERS

President: Baldwin Rigby

Address: Scotin House, 404 East Bay Street, P.O. Box N-3016, Nassau, The Bahamas

Vice President: Dwight Dorsett

Address: Scotin House, 404 East Bay Street, P.O. Box N-3016, Nassau, The Bahamas

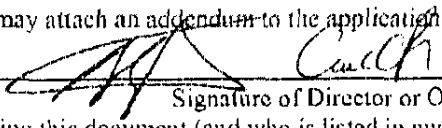
Secretary: Gersham Pratt

Address: Scotin House, 404 East Bay Street, P.O. Box N-3016, Nassau, The Bahamas

Treasurer: Iris Sherman

Address: Scotin House, 404 East Bay Street, P.O. Box N-3016, Nassau, The Bahamas

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. BALDWIN RIGBY - DIRECTOR GERSHAM PRATT - DIRECTOR
(Typed or printed name and capacity of person signing application)

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PALM BEACH, FLORIDA

Delaware

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MAGNA (US) 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 TWENTY-EIGHTH DAY OF JULY, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.



2834375 8300

SR# 20165117649

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

A handwritten signature of Jeffrey W. Bullock in black ink, written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 202736122

Date: 07-28-16