## F17 000002115

(Requestor's Name)						
(Address)						
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(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
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### **COVER LETTER**

TO:	Co: Registration Section Division of Corporations							
SUBJ	ECT: MAGICA	TRUCKING AND TRANSPO	ORTATIO	N INC.				
		Name of corpora	tion - mus	t include suffix	•			
Dear S	ir or Madam:							
"Certif	ficate of Existence	ion by Foreign Corporation e," or "Certificate of Good on the corporation to transact bu	Standing"	and check are subn				
Please	return all corresp	ondence concerning this ma	atter to the	following:				
MADE	LYN GUERRERC	)						
		Name	of Person					
MAGI	CA TRUCKING A	ND TRANSPOTATION INC.						
		Firm/C	Company					
7854 N	W 200TH STREE	Γ						
		A	ddress		•			
HIALE	AH, FL 33015							
		City/Sta	te and Zip	code				
guerrer	omadelyn016@gm	ail.com, icanales7878@gmail.	com					
		E-mail address: (to be us	ed for futi	ire annual report no	otification)			
For fur	ther information	concerning this matter, plea	se call:					
MADE	I VALCUEBBERG	701	500	1070				
MADELYN GUERRERO at (781  Name of Person Area (			/	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				
Enclos		the following amount:						
	0.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status		75 Filing Fee & fied 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.	1. MAGICA TRUCKING AND TRANSPORTATION 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 nar	me	adopted for the purpose of transacting b	usiness in Florida)					
2.	MASSACHUSETTS		82-0953071						
(State or country under the law of which it is incorporated)			(FEI number, if applicable)						
4. 03/27/2017 (Date of incorporation)			PERPETUAL						
			(Date of duration, if other than perpetual)						
6.	. 05/05/2017								
(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 7.233 JUDGE RD, LYNN MA 01904									
	(Principal office address)								
	(Current mailing address, if different)								
	Name: Madelyn Guerrer  Office Address: 7854 NW 200TH STREET	•	. ,	AH 7:01					
	HIALEAH		, Florida 33015						
	(City)		(Zip code)						
H de fu	. Registered agent's acceptance: Iaving been named as registered agent and to accept se esignated in this application, I hereby accept the appoi urther agree to comply with the provisions of all statute uties, and I am familiar with and accept the obligation	inti es i	ment as registered agent and agree elative to the proper and complete	to act in this capacity.					

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: MADELYN GUERRERO Address: 233 JUDGE RD, LYNN MA 01904 Director: \_ **B. OFFICERS** President: MADELYN GUERRERO Address: 233 JUDGE RD, LYNN MA 01904 Vice President: Address: \_\_ Secretary: MADELYN GUERRERO Address: 233 JUDGE RD, LYNN MA 01904 Treasurer: MADELYN GUERRERO Address: 233 JUDGE RD, LYNN MA 01904 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 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. MADELYN GUERRERO



# The Commonwealth of Massachusetts Secretary of the Commonwealth State House, Boston, Massachusetts 02183

Date: May 09, 2017

To Whom It May Concern:

I hereby certify that according to the records of this office,

#### MAGICA TRUCKING AND TRANSPORTATION INC

commonwealth of Massachusetts. I further certify that there are no proceedings presently pending under the Massachusetts General Laws Chapter 156D section 14.21 for said corporation's dissolution; that articles of dissolution have not been filed by said corporation; that, said corporation has filed all annual reports, and paid all fees with respect to such reports, and so far as appears of record said corporation has legal existence and is in good standing with this office.



In testimony of which,
I have hereunto affixed the
Great Seal of the Commonwealth
on the date first above written.

Secretary of the Commonwealth

William Travino Galecin

Certificate Number: 17050198850

Verify this Certificate at: http://corp.sec.state.ma.us/CorpWeb/Certificates/Verify.aspx

Processed by: