F17000003149

(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:					
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May 22, 2017

AGNE JONAITYTE MAGNUS REAL ESTATE MANAGEMENT AND BROKER 240 E. OGDEN AVE., #102 HINSDALE, IL 60521

SUBJECT: MAGNUS REAL ESTATE MANAGEMENT AND BROKERAGE

SERVICES CORP.

Ref. Number: W17000043439

We have received your document for MAGNUS REAL ESTATE MANAGEMENT AND BROKERAGE SERVICES CORP. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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.

Michelle Milligan Senior Section Administrator

> H**7 JUL 43 PM 1: 43** Ecne may of state Llahassee, florida

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Letter Number: 217A00010239

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Magnus Real Estate Management and Br. Name of corporation - must include suffix Service	roterage		
Name of corporation - must include suffix Seguice	s Corp.		
Dear Sir or Madam:			
The enclosed "Application by Foreign Corporation for Authorization to Transact Business in F "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to registe above referenced foreign corporation to transact business in Florida.			
Please return all correspondence concerning this matter to the following:			
Agne Monaityte Name of Person			
Name of Person			
Name of Person Magnus Real Estate Nanagement and Buterage Firm/Company 240 E Ogden Ave # 102 Address	e Services a		
Firm/Company	-		
240 E Ogden Ave #102			
Address			
Hinsdale 11 6052/ City/State and Zip code magnus rembs 6 9 mail. config. E-mail address: (to be used for future annual report notification)			
City/State and Zip code			
magninrembs @ gmail. com			
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
to further information concerning this matter, prease call.	Ш		
Agnes Jonaryte at (708) 9602007 Area Code Daytime Telephone Number	D		
Name of Person Area Code Daytime Telephone Number	_		
, and edge buyante receptions runned			
STREET/COURIER ADDRESS: MAILING ADDRESS:			
Registration Section Registration Section			
Division of Corporations Clifton Building Division of Corporations P.O. Box 6327			
$oldsymbol{arphi}$	Tallahassee, FL 32314		
Tallahassee, FL 32301			
Enclosed is a check for the following amount:			
\$70.00 Filing Fee \$\Boxed{\sigma}\$ \$78.75 Filing Fee & \$\Boxed{\sigma}\$ \$78.75 Filing Fee & \$\Boxed{\sigma}\$ \$87.50 Fil Certificate of Status \$\Boxed{\center}\$ Certificate Opy	ing Fee, e 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. Magnes	reportation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
(Enter name of co	orporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Co	orp," "Inc." "Co," or "Corp.")
	Lagrus REMBScorp.
(If name unavaila	ble in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. /	3
(State or country	y under the law of which it is incorporated) (FEI number, if applicable)
4. <i>å</i>	5. (Date of duration, if other than perpetual)
(Date	of incorporation) (Date of duration, if other than perpetual)
6	N/A
	(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7.	240 E agalen Ave #100Hinsdale, 16 60521 (Principal office address) 38 & Quincy of Hinsdale, 16 60521 (Current mailing address, if different)
	(Principal office address)
4	38 5 Quincust, Hinsdale, 16 60521
• • • • • • • • • • • • • • • • • • • •	(Current mailing address, if different)
	5
8. Name and stree	t address of Florida registered agent: (P.O. Box NOT acceptable)
Name:	Dovile Jodo Liene 1029 Ambrosia In#602 Haples 34/19 (City) Tobal Cipcode) (P.O. Box NOT acceptable) ACCEPTATION OF THE Control of the C
	7019 Ambansin /n/#602
Office Address:	1000000000000000000000000000000000000
	<u>Maples</u> , 54/19 , Florida 5 0
	(City) (Zip code)
9. Registered age	
•	ed as registered agent and to accept service of process for the above stated corporation at the place
further agree to co	application, I hereby accept the appointment as registered agent and agree to act in this capacity. I omply with the provisions of all statutes relative to the proper and complete performance of my amiliar with and accept the obligations of my position as registered agent.
unics, unu i um ji	
	Tallane
_	(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:	Agne	To nactite			
Chairman:	1,320	5 Duing	st, Hinsdole	0 .//	60521
Address:	930	7 - 3000 11 9	", " a resulta		<i>DOS-()</i>
	• •				
Vice Chairman:					
Address:					
Director:					
Address:					
			-	, ,	
Director:	· · · · · · · · · · · · · · · · · · ·				
Address:		<u> </u>			
n officens					
B. OFFICERS					
President:					
Address:				<u>∑. 23</u>	
					and and
		<u> </u>		AS E	*****
Vice President:				ig z: — md≺ w	
Address:					<u> </u>
			(85	
Secretary:				22 22	
Address:					
Treasurer:			.		
Address:					
NOTE: If necessa	rv. vou mav attach a	n addendum to the applic	ation listing additional offic	ers and/or di	rectors.
12.	()	Situate of Director	or Officer	•	
The officer or direct	ctor signing this doci	ument (and who is listed)	n number 11 above) attirm:		
	iv as provided for in	s.817.155, F.S.	ted in a document to the De		
~	900110	utilo Deve	person signing application)		
13.	(Typed or prin	ted same and capacity of	nerson signing application)	/	

File Number

6994-724-7



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

MAGNUS REAL ESTATE MANAGEMENT AND BROKERAGE SERVICES CORP., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON MARCH 17, 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 21ST day of JUNE A.D. 2017.

Authentication #: 1717202822 verifiable until 06/21/2018
Authenticate at: http://www.cyberdriveillinois.com

Desse White

SECRETARY OF STATE