00835

(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
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Certified Copies Certificates of Status							
Special Instructions to Filing Officer:							
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spenally W1815577							

Office Use Only



800308678918

S. WARREN FEB 1 9 2018



February 16, 2018

CSC

RESUBMIT

Please give original submission date as file date.

SUBJECT: PARAGON MAGNADATA, INC.

Ref. Number: W18000015577

We have received your document for PARAGON MAGNADATA, INC. and your check(s) totaling \$2837.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

There is a balance due of \$150.00.

The penalty fee is \$2900.,

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

Octavia L Simmons Regulatory Specialist II

Letter Number: 318A00003318

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE : 069833 7778143

AUTHORIZATION

COST LIMIT : \$\frac{2}{2}987.50

ORDER DATE: February 13, 2018

ORDER TIME : 9:43 AM

ORDER NO. : 069833-005

CUSTOMER NO: 7778143

FOREIGN FILINGS

NAME: PARAGON MAGNADATA, INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
PLAIN STAMPED COPY

XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner -- EXT# 62969

EXAMINER:

COVER LETTER

	tration Section of Corp.								
	Paragon Magnadata Inc.								
SUBJECT: Name of corporation - must include suffix									
Dear Sir or M	ladam:								
"Certificate o	f Existence	on by Foreign Cor or "Certificate corporation to tra	of Good St	tanding"	rization to Transact I and check are submi Ilorida.	Business in Florida," tted to register the			
Please return	all correspo	ondence concernin	ng this mat	ter to the	following:				
Joseph Bonani	no								
	··		Name o	of Persor	1				
Paragon Magn	adata Inc.								
			Firm/C	ompany					
15 Pine Fork I	Drive								
			Ad	dress	<u> </u>				
Toms River N	J 08755								
·			City/State	and Zip	code				
joebmagusa@	comcast.net								
		E-mail address	(to be use	d for fut	ure annual report not	ification)			
For further in	formation o	concerning this m	atter, pleas	e call:					
Joseph Bonanno		732 at (
Narr	ne of Person		Area C	ode	Daytime Telepho	ne Number			
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301			S:		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314				
Enclosed is a	check for t	he following amo	ount:						
□ \$70.00 Fi	ling Fec	S78.75 Filing Certificate of			.75 Filing Fee & tified Copy	**S7.50 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.

, Paragon Mag				
(Enter name of co	orporation; must include "INCORPORATE orp." "Inc," "Co," or "Corp.")	D." "C	COMPANY," "CORPORATION	!."
(If name unavaila	ble in Florida, enter alternate corporate nar			g business in Florida)
Delaware		58 3.	-2065848	
0.627 (1.002	y under the law of which it is incorporated)			
(Date	of incorporation)		(Date of duration, if other	than perpetual)
6. 11/27/2002				
	ata Inc., 15 Pine Fork Drive, Toms River N (Prin		office address)	
	(Current ma	iiling a	ddress, if different)	FEB 15
8. Name and stree	et address of Florida registered agent: (P.O. I	Box NOT acceptable)	
Name:	Corporation Service Company			OF STA
Office Address:	1201 Hays Street		_	ATTE RIDA
	Tallahassee		32301 , 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.

Corporation Service Company

By: (Registered agent's signature)

Roxanne Turner

Asst. Vice President

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: B. OFFICERS Patrick Crean President: c/o 15 Pine Fork Drive, Toms River NJ 08755 Address: _ Joe Bonanno Vice President: 15 Pine Fork Drive, Toms River NJ 08755 Address: David Champion Secretary: c/o 15 Pine Fork Drive, Toms River NJ 08755 Address: Laurent Salmon Treasurer: c/o 15 Pine Fork Drive, Toms River NJ 08755 Address: 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.

> 105cgl Branco Via Presio (Typed or printed name and capacity of person signing application)



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PARAGON MAGNADATA, 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 THIRTEENTH DAY OF FEBRUARY, A.D. 2018.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PARAGON MAGNADATA, INC." WAS INCORPORATED ON THE TWENTY-SIXTH DAY OF AUGUST, A.D. 1993.

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

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

Authentication: 202144525

Date: 02-13-18