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To:

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

From:

Account Name : REGISTERED AGENTS INC.  
 Account Number : I20090000081  
 Phone : (307)200-2803  
 Fax Number : (855)330-1010

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

Email Address: \_\_\_\_\_

**FOREIGN PROFIT/NONPROFIT CORPORATION**  
**City Magnets, Inc.**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

2019-05-06 PM 1:20

FILED  
 19 MAY -8 AM 11:53  
 STATE OF OKLAHOMA

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Corporate Filing Menu

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MAY 09 2019

**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. City Magnets, 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. Missouri

(State or country under the law of which it is incorporated)

3. \_\_\_\_\_

(FEI number, if applicable)

4. 1/20/1993

(Date of incorporation)

5. \_\_\_\_\_

(Date of duration, if other than perpetual)

6. \_\_\_\_\_

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

7. 2084 Sherman Ave Panama City FL 32405

(Principal office address)

2084 Sherman Ave Panama City FL 32405

(Current mailing address, if different)

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

Name: Registered Agents Inc.

Office Address: 7901 4th St N STE 300

St. Petersburg, Florida 33702

(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.*



Registered Agents Inc.

Bill Havre - Assistant Secretary

(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.

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MAY - 8 AM 11:53  
TALLAHASSEE, FLORIDA

## A DIRECTORS

**Chairman:**

Address:

**Vice Chairman:**

**Address:**

**Director: Paula Corfield**

Ad #59 7901 4th St N STE 300

St Petersburg FL 33702

Director: **Rodger Corfield**

Address: 7901 4th St N STE 300

St. Petersburg FL 33702

## BS OFFICERS

**President: Rodger Corfield**

Address: 7901 4th St N STE 300

St. Petersburg FL 33702

Vice President Paula Corfield

Address: 7901 4th St N STE 300

St. Petersburg, FL 33702

Secretary: **Rodger Corfield**

Address 7901 4th St N STE 300 St. Petersburg, FL 33702

[illegible]

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

**Rodger Carlfield**

(Signature of Director or Officer)

The officer or director, signing this document (and who is listed in number VI 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 § 817.153, 10 S.F.S. 16

**Rodger Cortfield, President**

(Typed or printed name and capacity of person signing application)

# STATE OF MISSOURI



**John R. Ashcroft**  
**Secretary of State**

## CORPORATION DIVISION CERTIFICATE OF GOOD STANDING

I, JOHN R. ASHCROFT, Secretary of State of the State of Missouri, do hereby certify that the records in my office and in my care and custody reveal that

**CITY MAGNETS, INC.**  
**#0175861**

was created under the laws of this State on the 20th day of January, 1993, and is in good standing, having fully complied with all requirements of this office.

IN TESTIMONY WHEREOF, I hereunto set my hand and cause to be affixed the GREAT SEAL of the State of Missouri. Done at the City of Jefferson, this 6th day of May, 2019.

  
Secretary of State



Certification Number: CERT-05102019-0073