# F19000004679

(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: Registration Section Division of Corporation	ns			
	OPMENT PARTNERS	INC		
SUBJECT:	Name of corporati	on - must include su	ffix	****
	rame of corporation	on - must metude su	ш	
Dear Sir or Madam:				
The enclosed "Application by "Certificate of Existence," or " above referenced foreign corpo	Certificate of Good St	anding" and check a		
Please return all correspondence W. ANTHONY RICE	ce concerning this mat	ter to the following:		
	Name o	of Person		<del></del>
MAGNA DEVELOPMENT PAR	TNERS INC			
1202 SW 17TH ST., SUITE 201	Firm/Co	ompany		
	Add	dress		
OCALA, FLORIDA 34471		000		
	City/State	and Zip code	<u> </u>	
anthony@magnadevpartners.com	•	and Eip code	57	. <b>2</b>
E-ir	nail address: (to be use	d for future annual r	eport notification)	<del></del>
For further information concer	,		3:- 3:- 3:- 3:-	SEF 30
ANTHONY RICE	646	643-4999	 	3 17
Name of Person	at ( Area C	) ode Daytime	Telephone Number	
STREET/COURIER Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 3230	ons r Circle	Registra Divisio P.O. Bo	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
Enclosed is a check for the fol	lowing amount:			
	78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing F Certified Copy	Certific	Filing Fee, cate of Status & cd 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. MAGNA DEVELOPMENT PARTNERS 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) (State or country under the law of which it is incorporated) (FEI number, if applicable) 5. (Date of duration, if other than perpetual) (Date of incorporation) SEPTEMBER 09, 2019 (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 1202 SW 17TH STREET, SUITE 201, OCALA FLORIDA 34471 (Principal office address) (Current mailing address, if different) S. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) W. ANTHONY RICE Name: 1202 SW 17TH STREET, SUITE 201 Office Address: OCALA, FLORIDA (City) 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 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 JOSE SERRANO Chairman: 6600 SW 129TH LOOP Address: OCALA, FLORIDA 34473-6873 W. ANTHONY RICE Vice Chairman: PO BOX 51 Address: FAIRFAX, VA 22038 Address: \_\_\_ Director: \_ **B. OFFICERS** JOSE SERRANO President: 6600 SW 129TH LOOP 7 Address: OCALA, FLORIDA 34473-6873 W. ANTHONY RICE Vice President: PO BOX 51 Address: FAIRFAX, VA 22038 (J JOSE SERRANO Secretary: 6600 SW 129TH LOOP, OCALA FLORIDA 34473-6873 Address: W. ANTHONY RICE Treasurer: PO BOX 51, FAIRFAX, VA 22038 Address: NOTE: If ngccssary, 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. W. HNTHONY (Typed or printed name and capacity of person signing application)

# OFFICE OF THE SECRETARY OF STATE OF THE STATE OF COLORADO

## CERTIFICATE OF FACT OF GOOD STANDING

I, Jena Griswold, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office,

#### MAGNA DEVELOPMENT PARTNERS INC

#### is a

### Corporation

formed or registered on 10/22/2004 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 20041371821.

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 09/20/2019 that have been posted, and by documents delivered to this office electronically through 09/23/2019 @ 09:45:31.

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, and issued this official certificate at Denver, Colorado on 09/23/2019 @ 09:45:31 in accordance with applicable law. This certificate is assigned Confirmation Number 11814166



Secretary of State of the State of Colorado

Notice: A certificate issued electronically from the Colorado Secretary of State's Web site is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Validate a Certificate page of the Secretary of State's Web site, http://www.sus.state.co.us/biz/CertificateSearchCriteria.do entering the certificate's confirmation number displayed on the certificate, and following the instructions displayed. Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our Web site, http://www.sus.state.co.us/click "Businesses, trademarks, trade names" and select "Frequently Asked Questions."