# F20000003020

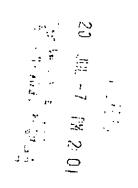
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer: 7/1/20/2006/VEOL CONNECTED POBLE
24%
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### **COVER LETTER**

	ration Section on of Corporations					
	MAGAMALL, INC.					
SOBJECT.		ne of corporation	- must include suffix			
Dear Sir or Ma	adam:					
"Certificate of	"Application by Foreign "Existence," or "Certificated foreign corporation to	ate of Good Stan	iding" and check are sub			**
Please return a	ill correspondence conce	rning this matter	to the following:			
DUSTIN KRIE	GER					
		Name of	Person			
				,		
		Firm/Com	ipany			
12555 GUCCI	UR.					
		Addre	ess			
PUNTA GORE	DA, FL 33955-2449					
		City/State a	nd Zip code			
ADMIN@RED	PILLLIVING.COM				<u></u>	
	E-mail addr	ess: (to be used f	or future annual report r	notification) 🚜	0	
For further info	ormation concerning this	matter, please c	eall:			-:
DUSTIN KRIE	GER • ·	at (	Se call:    Code   2120385   Code   Daytime Telephone Number   Code   Daytime Telephone Number   Code   Code   Daytime Telephone Number   Code   Code			
Name	of Person	Area Cod	e Daytime Telepl	hone Number		
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			
	-	DEPARTMENT	OF STATE 3 \$78.75 Filing Fee & Certified Copy	S87.50 Fil Certificate Certified	e of St	

### 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.

I. MAGAMALL		<u> </u>			
	orporation; must include "INCORPORATED, orp," "Inc," "Co," or "Corp.")	," "COMPANY," "CORPORATIO!	₹."		
MAGAMALL,	, INC				
(If name unavaila	able in Florida, enter alternate corporate name	adopted for the purpose of transacting	g business in Florida)		
WYOMING					
(State or country	y under the law of which it is incorporated)	84-2594924 (FEI number, if applicable)			
7/4/19	5.				
(Date	(Date of incorporation) 5. (Date of duration, if other than perp				
4/15/2020					
		n Florida, if prior to registration) 502, F.S., to determine penalty liabili	ity)		
, 12555 GUCCI D	PR., PUNTA GORDA, FL 33955				
•		fice street address)			
	(Current maili	ng address, if different)			
			10 20 E		
3. Name and stree	et address of Florida registered agent: (P.G	O. Box <u>NOT</u> acceptable)			
Name:	DUSTIN KRIEGER	<del></del>			
Office Address:	12555 GUCCI DR.		FILED		
	PUNTA GORDA	, Florida <u></u>	4 2		
	(City)	(Zip code)	<u> 0</u>		
laving been nam lesignated in this urther agree to c	ent's acceptance:  yed as registered agent and to accept serve application, I hereby accept the appoints comply with the provisions of all statutes is with and accept the obligations of my po	ment as registered agent and agre relative to the proper and comple	ee to act in this capacity.		
	Dustin Krig	eger Signature)			
	(Registered agent's s	signature)			
10 Attached is a c	certificate of existence duly authenticated	, not more than 90 days prior to de	elivery of this application		

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.

A. DIRECTORS				
<b>∠</b> Chairman	Name: DUSTIN KREIGER	□Chairman	Name:	
□Vice Chairman	Address:	□Vice Chairman	Address:	
□Director	PUNTA GORDA, FL 33955	□Director		
□President	Dustin Krieger	□President		
□Vice President		□Vice President		
□Secretary	☐ Treasurer	☐ Secretary		□Treasurer
□Other	Other	□Other		□Other
□ Chairman	Name:	□Chairman	Name:	
□Vice Chairman	Address:	□Vice Chairman	Address:	
□Director _	<del></del>	□Director		
□President		□President		
□Vice President		□Vice President		
□Secretary	□Treasurer	☐ Secretary		□Treasurer
□Other		Other		Other 20
□Chairman	Name:	□Chairman	Name:	1 - 1
□Vice Chairman	Address:	□Vice Chairman	Address:	· N
□Director	·	□Director		0
□President		□President		
□Vice President		□Vice President		
□ Secretary	□Treasurer	☐ Secretary		□Treasurer
□Other	Other	□Other		Other
individuals may be	Use an attachment to report more than six (6). The attended to the index when filing your Florida Departn  Dustin Krieger	nent of State Annual Re	eport form.	
12.	Dustin Krieger Signature of Director	or Officer	· <del>- · · - · - · - · - · - · · - · · · ·</del>	
	ctor signing this document (and who is listed in numb ilse information submitted in a document to the Depa — Duslin Krieger			

## STATE OF WYOMING Office of the Secretary of State

I, EDWARD A. BUCHANAN, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

#### **MAGAMALL**

is a

#### **Profit Corporation**

formed or qualified under the laws of Wyoming did on **July 4, 2019**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2019-000864391**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 12th day of May, 2020 at 9:28 PM. This certificate is assigned ID Number 036680124.

Secretary of State

Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website https://wyobiz.wyo.gov and following the instructions displayed under Validate Certificate.



June 17, 2020

DUSTIN KRIEGER 12555 GUCCI DR. PUNTA GORDA, FL 33955-2449 US

SUBJECT: MAGAMALL, INC. Ref. Number: W20000061197

We have received your document for MAGAMALL, INC. and check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The registered agent must sign accepting the designation.

Pursuant to s.605.0902(1)(e), Florida Statutes, the document must contain the name, title or capacity and address of at least one person who has the authority to manage the foreign limited liability company.

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

Laura D Chang Regulatory Specialist II

Letter Number: 820A00011927

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