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(Address)						
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COVER LETTER

Division of Corporations							
SUBJECT:		Magnum Capital & Real Estate Services Inc.					
Name of corporation - must include suffix							
Dear Sir	or Ma	dam:					
"Certific	ate of	Existence," or "C		Standir	thorization to Transact Ing" and check are subming In Florida.		
Please re	turn a	ll correspondenc	e concerning this ma	itter to	the following:		
Greg McI	Donald	l				_	
	•		Name	of Pe	rson	-	
Magnum	Capita	l & Real Estate Se	rvices Inc.				
			Firm/C	ompa	ny		
6601 Gal	way D	rive					
			A	ddress			
Edina Mi	N 554	39					
			City/Sta	te and	Zip code		
gmcdonal	ld@ma	ignum-realestate.c				<u></u>	
		E-m	ail address: (to be us	ed for	future annual report not	ification)	
For furth	ier inf	ormation concert	ning this matter, plea	se call	i:		
Greg McDonald		at (612	,	850-3315 Daytime Telephone Number			
	Name	of Person	Area (Code	Daytime Telepho	ne 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				
	ake che	ng Fee 🔲 \$1	owing amount: ORIDA DEPARTME 78.75 Filing Fee & ertificate of Status		F STATE 378.75 Filing Fee & Certified Copy	■ \$87.50 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.

Magnum Capital	& Real Estate Services Inc.		
	orporation; must include "INCORPORAT orp." "Inc," "Co," or "Corp.")	ED." "COMPANY," "CORPORATION,"	
(If name unavail	able in Florida, enter alternate corporate na	ame adopted for the purpose of transacting busing	ness in Florida)
South Dakota		3	
(State or countr	y under the law of which it is incorporated	3	le)
May 20, 2015		5	
(Date	of incorporation)	5(Date of duration, if other than po	erpetual)
5.			
··		ess in Florida, if prior to registration) 07.1502, F.S., to determine penalty liability)	
, 6601 Galway Driv	re Edina MN 55439		
•		l office street address)	
6601 Galway Driv	ve Edina MN 55439		
	(Current m	nailing address, if different)	
			S 24
8. Name and stree	et address of Florida registered agent:	(P.O. Box NOT acceptable)	SECRETA IVISION CE 24 NPR 1
Name:	Registered Agents Inc		R 17
Office Address:	7901 4th St N STE 300		A CASSO
	St. Petersburg	, Florida <u>33702</u> (Zip code)	4
	(City)	(Zip code)	6
Having been nam designated in this further agree to c	application, I hereby accept the appo	service of process for the above stated corpointment as registered agent and agree to a tes relative to the proper and complete perjoy position as registered agent.	ict in this capacity.
1 <	Oavid Coerts (Registered agen	st'e cionatura)	
	(wegistered agen	it a signature)	

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

under the law of which it is incorporated.

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

A. DIRECTORS Gregory McDonald Name: _____ Chairman □ Chairman 6601 Galway Drive □Vice Chairman Address: □Vice Chairman Address: Edina, MN 55439 □ Director □ Director □President President □ Vice President _ ☐ Vice President Secretary Treasurer □Secretary □Treasurer □Other _____ □ Other _____ □Other _____ ☐Other _____ Name: _____ Name: _____ Chairman □ Chairman Address: ____ □Vice Chairman Address: _____ □ Vice Chairman ☐ Director □ Director □ President □ President ☐ Vice President ☐ Vice President Treasurer ☐ Secretary ☐ Treasurer ☐ Secretary □Other _____ □Other _____ ☐ Other _____ □Other _____ □ Chairman Name: □ Chairman Name: _____ ☐ Vice Chairman □Vice Chairman Address: _____ Address: ______ □ Director ☐ Director President President □Vice President _ □Vice President ☐Treasurer ☐ Secretary ☐ Secretary Treasurer □Other ____ □Other _____ □Other ______ □ Other _______ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form. 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

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

s.817.155, F.S.

Gregory S McDonald

State of South Dakota

Office of the Secretary of State

Certificate of Good Standing

Domestic Business Corporation

I, Monae L. Johnson, Secretary of State of the State of South Dakota, hereby certify that

Magnum Capital & Real Estate Services Inc.

Business ID: DB060081

was authorized to transact business in this state on: May 20, 2015.

I, further certify that Magnum Capital & Real Estate Services Inc. has complied with the laws of this State relative to the formation of Certificate of Good Standing/Authorizations of its kind and is now regularly and properly organized and existing under the laws of this State and is in Good Standing, as shown by the records of this office. This certificate is not to be construed as an endorsement, recommendation or notice of approval of its financial condition or business activities and practices. Such information is not available from this office.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused to be affixed the Great Seal of the State of South Dakota, in Pierre, the Capital City, this day, April 8, 2024.

Monae L. Jaanson

Monae L. Johnson
04/08/2024 2:26 PM
Secretary of State

Verification #: 017562323