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(Re	equestor's Name)	_
(Ac	idress)	
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PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
	. <u></u>	

Office Use Only



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AUG 19 2024



COVER LETTER

Division of Corporations	
SUBJECT: Magnet Brother Name of corpora	s, Inc.
Name of corpora	ition - must include suffix
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation "Certificate of Existence," or "Certificate of Good above referenced foreign corporation to transact bu	
Please return all correspondence concerning this ma	atter to the following:
Magnet Stother Daniel	J. SISINOSA 2 of Person
Magnet 1	Brothers Inc.
499 Ha	ddress
Dripping Spring City/Sta	gs TX 78620 We and Zip code
· · · · · · · · · · · · · · · · · · ·	ed for future annual report notification)
For further information concerning this matter, plea	ase call:
Name of Person at (S16	655 3833
Name of Person Area	Code Daytime Telephone 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
Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPARTM \$\int \\$ \$70.00 \text{ Filing Fee} \Box \\$ \$78.75 \text{ Filing Fee} \& \\$	ENT OF STATE ☐ \$78.75 Filing Fee & ☐ \$87.50 Filing Fee,
Certificate of Status	Certified Copy Certificate of Status & Certified Copy

APPÈICATION 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.

(16	LL - Cl - L - L - L - L		and Code				:1-1
	able in Florida, enter alternate	•		•	_		ida)
. <u>Delawo</u> (State or countr	y under the law of which it is	incorporated)	(FEI number, if applicable)				
(Date	of incorporation)	5	(Date o	f duration, if o	ther than pe	erpetual)	
						•	
	(Date first tran	sacted business in F	lorida, if prior	to registration)	<u>. </u>	
C (1)	(SEE SECTIONS 60						
6161	Stor Grass L	N. Napl	les, FL	34116			
		(Principal office	street address)			
		(Current mailing a	address, if diffe	erent)			
	et address of Florida registe	ered agent: (P.O.)	Box <u>NOT</u> ac				
		ered agent: (P.O. l	Box <u>NOT</u> ac	ceptable)	C's		— (¨.
Name:		ered agent: (P.O. l	Box <u>NOT</u> ac	ceptable)	Ø	. 1	
Name:		ered agent: (P.O. l	Box <u>NOT</u> ac	ceptable)	Ø _.		<u>.</u> ,
Name:		ered agent: (P.O. l	Box <u>NOT</u> ac	ceptable)	②	6 to 3 a Ca	<u>C</u> .
Name: office Address:	Michael Spino. 6/6/ Stor Gray Naples (City)	ered agent: (P.O. l	Box <u>NOT</u> ac	ceptable)	②	ig 61 ordana	
Name: Office Address: Registered ag		ered agent: (P.O.)	Box <u>NOT</u> ac , Florida _	Ceptable) 341(6 (Zip code)	:	7.	
Name: office Address: Registered againg been namesignated in this	Michael Spino. 6661 Stor Gras Naples (City) ent's acceptance:	ered agent: (P.O.) Sq LN I to accept service ept the appointment of all statutes relatives.	Box <u>NOT</u> aco	Captable) 341[6 (Zip code) or the above sed agent and converged agent converged by the converged by the converged agent and converged by the	tated corp agree to a	ः orati <mark>श्र</mark> ी at ect in thi s c	the pla

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.

A. DIRECTORS							
□Chairman Name: <u>Da</u>	niel Spinora	□ Chairman	Name: Mich	el Spinora			
□ Vice Chairman Address: 49	19 41075 8+	□Vice Chairman	Address: (1)	SI Stor Gross LN			
Director Drippi	ng Springs, TX 78620	□Director	Noples,	FL 34116			
XPresident		□President					
□ Vice President							
☐ Secretary	□Treasurer	Secretary		□Treasurer			
Other	□Other	□Other		□Other			
Chairman Name:	·	□Chairman	Name:				
□Vice Chairman Address:		□Vice Chairman	Address:				
□Director		□Director					
□President		□President					
□ Vice President		□Vice President					
□Secretary	□Treasurer	☐ Secretary		□Treasurer			
□ Other	Other	□Other		□Other			
Chairman Name:		□ Chairman	Name:				
□Vice Chairman Address:		□Vice Chairman	Address:				
□ Director		□Director					
□President		□President					
□ Vice President		□Vice President	-				
□Secretary	□Treasurer	☐ Secretary		□Treasurer			
□ Other	□Other	Other		□Other			
individuals may be added to the inc	ent to report more than six (6). The attac dex when filing your Florida Departme Signature of Director o	nt of State Annual R	eport form.				
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.							
13. <u>Danie</u> S	Dinosa President dr printed name and capacity of perso	on signing application	1)				

Page 1

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "MAGNET BROTHERS, 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 THIRD DAY OF JULY, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MAGNET BROTHERS,

INC." WAS INCORPORATED ON THE FIFTH DAY OF APRIL, A.D. 2024.

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

Authentication: 203852595

Date: 07-03-24