

M22000000525

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

(Business Entity Name)

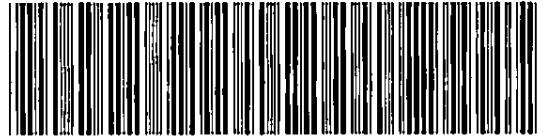
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S. ROBERTS

JAN 10 2022

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: MAGIC BUS HOLDINGS LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

KWOK LUN CHEUNG

Name of Person

MAGIC BUS HOLDINGS LLC

Firm/Company

14001 SE NIGHTINGALE AVE

Address

HAPPY VALLEY, OR 97015

City/State and Zip Code

ALANCHKL13@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KWOK LUN CHEUNG

971

335-8455

Name of Contact Person

at (_____) _____

Area Code

Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$125.00 Filing Fee

☒ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy

☐ \$160.00 Filing Fee, Certificate
of Status & Certified Copy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS
IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. MAGIC BUS HOLDINGS LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

MAGIC BUS HOLDINGS WANG & CHEUNG LLC

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. OREGON, USA

(Jurisdiction under the law of which foreign limited liability company is organized)

3. 47-1379122

(FEI number, if applicable)

4. 07-14-2021

(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 14001 SE NIGHTINGALE

(Street Address of Principal Office)

6. 14001 SE NIGHTINGALE

(Mailing Address)

HAPPY VALLEY

HAPPY VALLEY

OR 97015

OR 97015

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

Name:

KELLY KING (1st For Orlando Vocations)

Office Address:

8687 W IRLO BRONSON MEM HWY SUIT 101

KISSIMMEE

(City)

, Florida

34747

(Zip code)

Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated limited liability company 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.

Kelly King

(Registered agent's signature)

2022 JAN 10 AM 10:51
FALL ANDERSON, FL
SECRET

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

Title or Capacity: **Name and Address:**

☒ Manager Name: MIKE CHEN

☐ Member Address: 8687 WEST IRLO BRONSON

☐ Authorized MEMORIAL HWY SUIT 101

Person KISSIMMEE FL 34747

☐ Other ☐ Other

Title or Capacity: **Name and Address:**

☒ Manager Name: KELLY KING

☐ Member Address: 8687 WEST IRLO BRONSON

☐ Authorized MEMORIAL HWY SUIT 101

Person KISSIMMEE FL 34747

☐ Other ☐ Other

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other ☐ Other

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other ☐ Other

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other ☐ Other

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ 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.

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any 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.

Kelly King
Signature of an authorized person

Kelly King
Typed or printed name of signer

State of Oregon

OFFICE OF THE SECRETARY OF STATE
Corporation Division

Certificate of Existence 273T336S7

I, SHEMIA FAGAN, SECRETARY OF STATE, and Custodian of the Seal of said State, do
hereby certify:

MAGIC BUS HOLDINGS, LLC

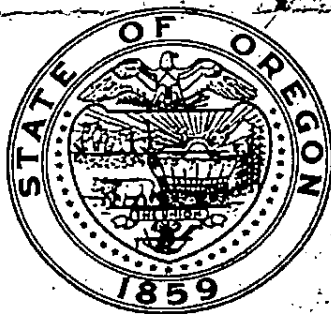
is

Organized

under the laws of The State of Oregon,

and is active on the records of the Corporation Division as of the date of this certificate.

In Testimony Whereof, I have hereunto set
my hand and affixed hereto the Seal of the
State of Oregon.



SHEMIA FAGAN, SECRETARY OF STATE

1/4/2022