

P2000034923

(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:

Office Use Only

112000042914



500343842685

05/12/20--01010--030 \*\*8.75

04/27/20--01033--022 \*\*128.75

FILED  
2020 MAY 11 AM 9:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 30, 2020

CHRISTOPHER R. ZUBRICK  
4604 49TH STREET N, SUITE 1058  
ST. PETERSBURG, FL 33709

SUBJECT: ZUBRICK MAGIC, INC.  
Ref. Number: W20000042914

We have received your document for ZUBRICK MAGIC, INC. and your check(s) totaling \$128.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please list effective date the corporation started in GUAM on line 2 of domestication..

The title(s) in the officer/director field(s) is/are not acceptable. Please refer to the following link for acceptable officer/director title information.  
<http://dos.myflorida.com/sunbiz/search/guides/corporation-records/title-abbreviations/>

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tyrone Scott  
Regulatory Specialist II  
New Filings Section

Letter Number: 020A00008941

[www.sunbiz.org](http://www.sunbiz.org)

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

2020 MAY 11 PM 2:12

## COVER LETTER

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

SUBJECT: Certificate of Domestication

Enclosed is an original and one (1) copy of the Articles of Domestication and a check:

### FEES:

Certificate of Domestication	\$ 50.00
Articles of Incorporation and Certified Copy	<u>\$ 78.75</u>
Total filing fee	\$128.75

### OPTIONAL:

Certificate of Status	\$ 8.75
-----------------------	---------

### **From:**

Christopher R. Zubrick  
Name (printed or typed)

4604 49th Street N., Suite 1058  
Address

St. Petersburg, FL 33709  
City, State & Zip

(866) 982-7425  
Daytime Telephone Number

contact@zubrickmagictheatre.com  
E-mail address: (to be used for future annual report notification)

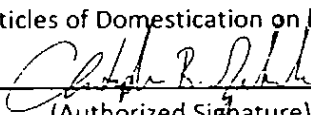
Articles of Domestication  
Foreign Corporation Domesticating to Florida

The undersigned, Christopher R. Zubrick Director  
(Name) (Title)

of Zubrick Magic, Inc., a foreign  
corporation, in accordance with s. 607.11922, Florida Statutes, submit these Articles of  
Domestication.

1. Then name of the domesticating corporation is Zubrick Magic, Inc.  
(Foreign Corporation)  
\_\_\_\_\_
2. The jurisdiction of its formation is May 1, 2015 Guam.
3. The name of the domesticated corporation is Zubrick Magic, Inc.  
\_\_\_\_\_
4. The jurisdiction of formation of the domesticated corporation is **Florida**.
5. The domestication corporation is a foreign corporation and the domestication was  
approved in accordance with its organic law.
6. Attached are Florida Articles of Incorporation to complete the domestication  
requirements pursuant to s.607.0202, F.S.

I certify I am authorized to sign these Articles of Domestication on behalf of the corporation.

  
\_\_\_\_\_  
(Authorized Signature)

FILED  
2020 MAY 11 AM 9:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLES OF INCORPORATION**  
IN COMPLIANCE WITH CHAPTER 607, F.S.

**ARTICLE I    NAME**

THE NAME OF THE CORPORATION SHALL BE:

Zubrick Magic, Inc.

**ARTICLE II    PRINCIPAL OFFICE**

THE PRINCIPAL PLACE OF BUSINESS/ MAILING ADDRESS IS:

Principal Address	Mailing Address
4604 49th Street N Suite 1058 St. Petersburg FL 33709	4604 49th Street N Suite 1058 St. Petersburg FL 33709

FILED  
2020 MAY 11 AM 9:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE III    PURPOSE**

THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED:

Live Entertainment

**ARTICLE IV    SHARES**

THE NUMBER OF SHARES OF STOCK IS: 2,000

**ARTICLE VI    REGISTERED AGENT AND STREET ADDRESS**

THE **NAME AND FLORIDA STREET ADDRESS** (P.O. BOX **NOT** ACCEPTABLE) OF THE REGISTERED AGENT IS:

FL Patel Law, PLLC.  
360 Central Ave # 800,  
St. Petersburg, FL 33701

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I AM FAMILIAR WITH AND ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY.

  
Signature/Registered Agent

5-6-2020  
Date

**ARTICLE V DIRECTORS AND/ OR OFFICERS**

*THE NAME(S) AND ADDRESS(ES) AND SPECIFIC TITLES:*

Name & Title: Christopher R. Zubrick, D.

Address: 4604 49th Street N

Suite 1058

St. Petersburg FL 33709

Name & Title: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name & Title: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name & Title: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name & Title: Ryan W. Zubrick, D.

Address: 4604 49th Street N

Suite 1058

St. Petersburg FL 33709

Name & Title: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name & Title: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

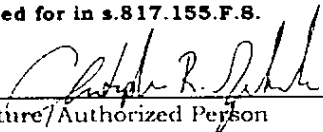
Name & Title: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**I submit this document and affirm that the facts stated herein are true. I am 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.**

  
\_\_\_\_\_  
Signature/Authorized Person

April 18, 2020  
Date