P95000035342

CORPORATE ACCESS, INC.

1116-D Thomasville Road
Mount Vernon Square
Tallahassee, Florida 32303
(904) 222-2666
(904) 222-1666 (Fax)
(800) 969-1666

GLINDA P. BENNETT
Personal Representative

400001477824
05/05/95--01053--003
****122.50 ****122.50

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. BRASOPEN Inc. _____
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

☑ Walk in ☑ Pick up time 5-5 1:00 ☺Linda ☑ Certified Copy

☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

RECEIVED
95 MAY -5 AM 11:45
DIVISION OF CORPORATION

FILED
95 MAY -5 PM 12:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
MAY 1995
BSB

NEW FILINGS	
☑	Profit
☐	NonProfit
☐	Limited Liability
☐	Domestication
☐	Other

AMENDMENTS	
☐	Amendment
☐	Resignation of R.A., Officer/Director
☐	Change of Registered Agent
☐	Dissolution/Withdrawal
☐	Merger

OTHER FILNGS	
☐	Annual Report
☐	Fictitious Name
☐	Name Reservation

REGISTRATION/ QUALIFICATION	
☐	Foreign
☐	Limited Partnership
☐	Reinstatement
☐	Trademark
☐	Other

Examiner's Initials	

CR2E031(9/92)

FILED
95 MAY -5 PM 12:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

The undersigned incorporator(s) for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

BRASOPEN INC

ARTICLE II PRINCIPLE OFFICE

The principle place of business and mailing address of this corporation shall be:

ROUTE 3 BOX 252
ALACHUA, FL 32615

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

Ten Thousand Shares (10,000)

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

David E. Roberts
Route 3 Box 252
Alachua, FL 32615

ARTICLE V INCORPORATOR(S)

The name(s) and address(es) of the incorporators of this corporation are:

DAVID E. ROBERTS
ROUTE 3 BOX 252
ALACHUA, FL 32615

The undersigned incorporator(s) has (have) executed these Articles of Incorporation this 3rd day of May, 1995.

David E. Roberts
(Signature)

CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTIONS 607.0501 or 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

FILED
95 MAY -5 PM 12:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. The name of the corporation is: BRASOPEN INC

2. The name and address of the registered agent and office is:

DAVID E. ROBERTS
ROUTE 3 BOX 252
ALACHUA, FL 32615

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 hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statues relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

(Signature)

May 2nd 1995
(Date)

DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

1 of 2

PROFIT CORPORATION ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

'96 A/R

FILED
96 DEC 30 AM 11:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000035345

1. Corporation Name: MAGIC WORLD REALTY, INC.

Principal Place of Business: 656 CORTEZ CIRCLE, ALTAMONTE SPRINGS FL 32714 U.S.A.

Mailing Address:

2. Principal Place of Business
21: SAME AS ABOVE
22: Suite, Apt. #, etc.
23: City & State
24: Zip
25: Country: USA

2a. Mailing Address
26: N/A
27: Suite, Apt. #, etc.
28: City & State
29: Zip
30: Country

3. Date Incorporated or Qualified: 9-30-95
3a. Date of Last Report:
4. FEI Number: 59-3349206 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

Alba Fernandez
656 Cortez Circle
Altamonte Springs, FL32714

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City: FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: ALBA FERNANDEZ Alba Fernandez 12/25/96
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Christina Almquist 416 E. Citrus Street Altamonte Springs, FL32701	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President Alba Fernandez 656 Cortez Circle Altamonte Springs, FL 32714	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP		☐ Change ☐ Addition
2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	400002046754 -01/06/97--01031--005 ****225.00 ****225.00	☐ Change ☐ Addition
3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	NOTICE NOT RECEIVED, QD	☐ Change ☐ Addition

CR2E034 (3/96)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Christina R. Almquist 10-30-96 407-965-6304
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR — Date — Daytime Phone #
Christina R. Almquist

2 of 2

407-865-6304
407-788-2695

MAGIC WORLD
P.O. Box 160064, Altamonte Springs, Florida 32716-0064

FAX COVER SHEET

Date: 11/24/96

To: FLORIDA DEPT OF STATE Fax No.: (____)_____

From: MAGIC WORLD REALTY INC., MAGIC WORLD Fax No.: (407) 788-1950

Pages Including Cover Sheet: _____

Comments:

WE ARE RETURNING CHECK (INCLOSED) WITH A LETTER OF EXPLAINATION/ WE NEVER RECEIVED A NOTICE OF PAYMENT DUE- IT WAS MAILED TO THE WRONG ADDRESS-/ WE CALLED YOUR OFFICE AND WERE TOLD TO SENT PAYMENT AND LETTER WITH EXPLANATION AND THE REINSTATEMENT FEE WILL NOT APPLY-/ ~~I Ok~~ PLEASE MAKE CORRECTION OF ALL RECORD OF OUR PROPER MAILING ADDRESS - FOR BILLING - AND WE WILL IN THE FUTURE SENT OUR CORRECT PAYMENT WHEN DUE.

THANK YOU VERY MUCH/

IF THERE IS ANY QUESTION PLEASE CALL OR WRITE US -

SIGNED

Alba Durranke

FN:FAXCOV