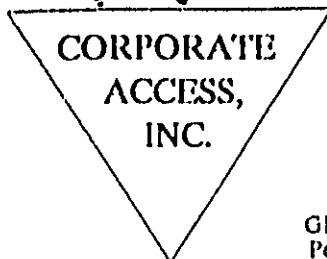


# P95000035342



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

400001477324  
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 5-5:00  
OR Glinda
☒ Certified Copy  
☐ Mail out   
 ☐ Will wait   
 ☐ Photocopy   
 ☐ Certificate of Status

| NEW FILINGS                         |                   |
|-------------------------------------|-------------------|
| <input checked="" type="checkbox"/> | Profit            |
| <input type="checkbox"/>            | NonProfit         |
| <input type="checkbox"/>            | Limited Liability |
| <input type="checkbox"/>            | Domestication     |
| <input type="checkbox"/>            | Other             |

| AMENDMENTS               |                                       |
|--------------------------|---------------------------------------|
| <input type="checkbox"/> | Amendment                             |
| <input type="checkbox"/> | Resignation of R.A., Officer/Director |
| <input type="checkbox"/> | Change of Registered Agent            |
| <input type="checkbox"/> | Dissolution/Withdrawal                |
| <input type="checkbox"/> | Merger                                |

| OTHER FILINGS            |                  |
|--------------------------|------------------|
| <input type="checkbox"/> | Annual Report    |
| <input type="checkbox"/> | Fictitious Name  |
| <input type="checkbox"/> | Name Reservation |

| REGISTRATION/<br>QUALIFICATION |                     |
|--------------------------------|---------------------|
| <input type="checkbox"/>       | Foreign             |
| <input type="checkbox"/>       | Limited Partnership |
| <input type="checkbox"/>       | Reinstatement       |
| <input type="checkbox"/>       | Trademark           |
| <input type="checkbox"/>       | Other               |

RECEIVED  
 95 MAY -5 AM 11:45  
 DIVISION OF CORPORATION  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA  
 95 MAY -5 PM 2:09  
 FILED  
 MAY 5 1995

Examiner's Initials

ARTICLES OF INCORPORATION

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

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

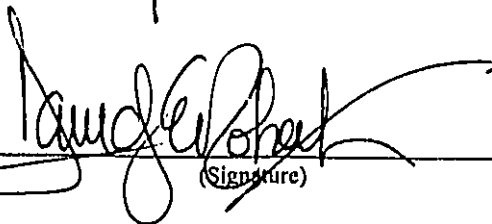
ARTICLE V INCORPORATOR(S)

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

3<sup>rd</sup> day of May, 1995.

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

CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE

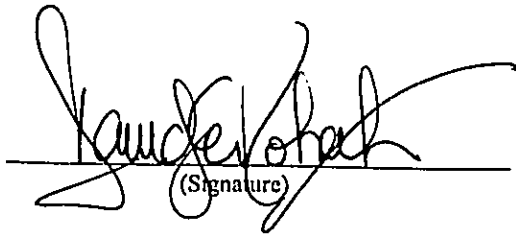
PURSUANT TO THE PROVISIONS OF SECTIONS 607.0501 or 617.0501,  
FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED  
UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING  
STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED  
AGENT, IN THE STATE OF FLORIDA.

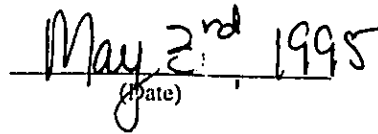
1. The name of the corporation is: BRASOPEN INC

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 statutes 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)

  
(Date)

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

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

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. Marshall  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

96 DEC 30 AM 11:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #  
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

2a. Mailing Address  
28 N/A

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

USA

Zip

Country

30

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

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

Alba Fernandez  
656 Cortez Circle  
Altamonte Springs, FL 32714

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

(NOTE: Registered Agent signature required when reinstating)

12/25/96

DATE

12.

OFFICERS AND DIRECTORS

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

President  
Christina Almquist  
416 E. Citrus Street  
Altamonte Springs, FL 32701

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

Vice President  
Alba Fernandez  
656 Cortez Circle  
Altamonte Springs, FL 32714

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.

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

400002046754-0  
-01/06/97--01031--005  
\*\*\*\*\*225.00 \*\*\*\*\*225.00

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

NOTICE NOT  
RECEIVED, QD

SIGNATURE:

Christina R. Almquist  
Christina R. Almquist

10-30-96

Date

407-965-6304

Daytime Phone #

CR2E034 (3/96)

2 of 2

407-865-6304

407-788-2695

MAGIC WORLD

P.O. Box 169064, Altamonte Springs, Florida 32716-0064

## FAX COVER SHEET

Date: 11/24/96

To: FLORIDA DEPT OF STATE

Fax No.: ( )

From: MAGIC WORLD, MAGIC WORLD  
REALTY INC.

Fax No.: (407) 788-1950

Comments:

Pages Including Cover Sheet: \_\_\_\_\_

WE ARE RETURNING CHECK (ENCLOSED) WITH A  
LETTER OF EXPLANATION/ WE NEVER RECEIVED  
A NOTICE OF PAYMENT DUE- IT WAS MAILED TO  
THE WRONG ADDRESS- WE CALLED YOUR OFFICE AND  
WERE TOLD TO SEND PAYMENT AND LETTER WITH  
EXPLANATION AND THE REINSTATEMENT FEE WILL  
NOT APPLY - / ~~2~~ ~~00~~ PLEASE MAKE CORRECTION  
OF ALL RECORD OF OUR PROPER MAILING  
ADDRESS - FOR BILLING - AND WE WILL IN THE  
FUTURE SEND OUR CORRECT PAYMENT WHEN DUE.

THANK YOU VERY MUCH /

IF THERE IS ANY QUESTION PLEASE CALL OR WRITE  
US -

SIGNED

Alba Duran