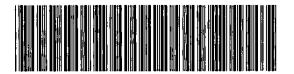
## P150003A16A

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
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## COVER LETTER

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

## SUBJECT: Majestic Auto Detailing Inc. (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX) Enclosed are an original and one (1) copy of the articles of incorporation and a check for: \$87.50 \$70.00 \$78.75 **■** \$78.75 Filing Fee Filing Fee Filing Fee Filing Fee, & Certified Copy & Certificate of Status Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED 492 Raymond Ave Longwood Fl. 32750 City, State & Zip 3212745553

NOTE: Please provide the original and one copy of the articles.

Daytime Telephone number

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

mymia1@hotmail.com

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ICLE I NA			
TICLE II PR	INCIPAL OFFICE Principal street address	Mailing address, if different is:	
2 Raymor			
ngwood F			
ricle III Pul	RPOSE the corporation is organized is: All pha	ses of auto deta	illing services
purpose for which	the corporation is organized is: 7 th price	oco or auto acto	uning convices.
<del></del>			
TICLE IV SH	IARES 100		
TICLE IV SH number of shares o	IARES of stock is:		
	IARES of stock is: 100 IITIAL OFFICERS AND/OR DIRECTOR	<u>s</u>	
TICLE V IN	ITIAL OFFICERS AND/OR DIRECTOR		
TICLE V IN	TTIAL OFFICERS AND/OR DIRECTOR  THE OMAR Campos, P	Name and Title:	
TICLE V IN	ntial officers and/or director tle: Omar Campos, P 492 Raymond Ave		
TICLE V IN	TTIAL OFFICERS AND/OR DIRECTOR  THE OMAR Campos, P	Name and Title:	S <sub>F</sub>
TICLE V IN	ntial officers and/or director tle: Omar Campos, P 492 Raymond Ave	Name and Title:	15 APA
Name and Ti Address	ntial officers and/or director tle: Omar Campos, P 492 Raymond Ave	Name and Title:Address:	SEAPR
Name and Ti Address Name and Tit	ITIAL OFFICERS AND/OR DIRECTOR Ile: Omar Campos, P 492 Raymond Ave Longwood, FL. 32750	Name and Title: Address: Name and Title:	SEPRIS F
Name and Ti Address	TITIAL OFFICERS AND/OR DIRECTOR  (Ile: Omar Campos, P  492 Raymond Ave  Longwood, FL. 32750	Name and Title:  Address:  Name and Title:  Address:	SEPRIS F
Name and Ti Address Name and Tit	TITIAL OFFICERS AND/OR DIRECTOR  (Ile: Omar Campos, P  492 Raymond Ave  Longwood, FL. 32750	Name and Title:  Address:  Name and Title:  Address:	SECTION 13 PM 1:154
Name and Ti Address Name and Tit	TITIAL OFFICERS AND/OR DIRECTOR  (Ile: Omar Campos, P  492 Raymond Ave  Longwood, FL. 32750	Name and Title:  Address:  Name and Title:  Address:	SECTION 13 PM 1:154
Name and Ti Address  Name and Tit Address	TITIAL OFFICERS AND/OR DIRECTOR  (Ile: Omar Campos, P  492 Raymond Ave  Longwood, FL. 32750	Name and Title:  Address:  Name and Title:  Address:	SERVINE COMBA

Name and	Title:	Name and Title:	
Address		Address:	
ARTICLE VI The name and Flo Name:	<u>REGISTERED AGENT</u> o <u>rida street address</u> (P.O. Box NOT acceptable) o Mia Fiorucci	of the registered agent is:	
Address:	492Raymond Ave. Longwood FL. 32750	_	
ARTICLE VII	INCORPORATOR		
The name and ad	dress of the Incorporator is:		
Name:	Omar Campos		
Address:	492 Raymond Ave.	·	
	Longwood FL.	<del></del>	
	ned as registered agent to accept service of proce. un familiar with and accept the appointment as re		
	115 France		April 11, 2015
	Required Signature/Registered Agent		Date
I submit this doc document to the l	ument and affirm that the facts stated herein ar Department of Superconflitues a third degree fetc	e true. I am aware that the fals ony as provided for in s.817.155,	se information submitted in a , F.S.
	Required Signature/Incorporator		April 11, 2015

15 APR 13 PH 1:54