POOPOD 22727

Division of Corporation P. O. Box 6327 Tallahassee, FL 32314	• ·	3-1-	SECHETARY OF TALLAHASSEE, P	OFEB 25 PM
SUBJECT: Ma	Cgical World (Proposed co	orporate name - must incindo	e suffix)	3: 15 -
-	-	70	000031592 -03/07/0001 *****78.75	
Enclosed is an original	and one(1) copy of the article	s of incorporation and a c	heck for:	
☐ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate	□\$122.50 Filing Fee & Certified Copy	☐ \$131.25 Filing Fee, Certified Copy & Certificate	
		ADDITIONAL COPY REQUIRED		
FROM: Tyrone C. Jones Name (Printed or typed)				
6	629 NE 5th	AVE Suite	# 19	
£	Fort Lander dale City, S	Florida 333	04	
<u> </u>	954) 467	7 – 03 98 elephone number		

MAR 6 2000 5 5 5 9

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

ARTICLES OF INCORPORATION	
The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.	
ARTICLE I NAME The name of the corporation shall be:	
Magical world Compuny	
ARTICLE II PRINCIPAL OFFICE The principal place of business and writing the principal place of business and w	
The principal place of business and mailing address of this corporation shall be:	
629 WE Sth AVE Sulter 19	-
Fort Lunderdule Florida 33304	
ARTICLE III SHARES	
The number of shares of stock that this corporation is authorized to have outstanding at any one time is:	
100'000 Shares 64 Stock	
ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS	
The name and Florida street address of the initial registered agent are:	
Tyrone Jones, 629 WE Sth AVE Suite 19	
APTICIEN INCORPORATION	
INCORPORATOR	
The name and address of the incorporator to these Articles of Incorporation are:	
Tyrone c. Jones	
629 NE STH AVE Suite 19	
Fort Lauderdule Florida 33304	
Tuffants Murch/1/2000	_
Signature/Incorporator Date	
acticle in	
corporation is march/12/2000	
Corporation 15 March/12/2600	
daving been named as registered agent and to accept service of process for the above stated corporation at the place designated in this	
The state of the control of the control of the state of t	
rovisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the bligations of my position as registered agent	
Signature/Registered Agent Date	-100

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