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TRANSMITTAL LETTER

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01 JUN 25 PH 1: 12

SECKETALL OF STATE TALLAHASSEE, FLORIDA

| Department of State Division of Corporations | 4000 0 44396 |
|--|--|
| P.O. Box 6327 Tallahassee, FL 32314 | 400004439 6 -05/25/0101 *****78.75 |
| SUBJECT: JUST MAGIE, NC. | |
| (Proposed corporate) | name) |
| | |
| Enclosed is an original and one (1) copy of the article \$ | cles of incorporation and a check for |
| 4 | |
| | |
| | |
| FROM: hours Koff | |
| Name (printed or typed) | |
| 1313 N.E. 163 St | RUT |
| Address | The state of the s |
| N.M.B. FL. 331 | 161 |
| /City, State, & Zip | |
| 954-444-4437 | |

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

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ARTICLES OF INCORPORATION

01 JUN 25 PM 1: 12

SEURE DE STATE TALLAHASSEE, FLORIDA

Just MAGIE loc. 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 1 NAME The name of the corporation shall be: Just MAGIC, INC.

ARTICLE II PRINCIPAL SPRICE

The principal place of business and mailing address of this corporation shall be: |3/3|N.E.|63|

N.M. B., FL. 33/62

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at 100 SHARES (No PAR VALUE) any one time is:

ARTICLETY INSTIAL RESISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

LOUIS ROFE 13/3 N.E. 163 ST. N.M.B., FL 33/62

ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorpora-

| The name(s) and street address(es) of the most person of the most pers |
|--|
| tion is(are): Louis Rote, PRESIDENT, SECTY-TREAS, DIRECTORY 1313 N.E. 163 St. ORIG. INCORE. N.M.B., FL. 33167 |
| 12/2 16 1/3 ST ORIE MICORE. |
| 13/3 N.C. 165 91. |
| NMR F1 33/6-Y |
| 10.14.D. 12 6.00 |
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| The undersigned incorporator(s) has(have) executed these Articles of incorporation this |
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| |
| day or |
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| Jain Cala |
| Signature |
| C Signature |
| |
| Signature |
| |
| |
| Signature |

Articles of Incorporation Filing Fee - \$35

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections 607.0501 or 817.0501, 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: Just Magic, INC. | |
|---|---|
| 1. The name of the corporation is: \\ \tag{\width} \partial \tag{\partial \tag{\tag{\partial \tag{\partial \tag{\partial \tag{\partial \tag{\tag{\partial \tag{\tag{\tag{\partial \tag{\tag{\partial \tag{\tag{\tag{\tag{\tag{\tag{\tag{\tag{ | |
| | |
| | |
| 2. The name and address of the registered agent and office is: | |
| Name) | |
| 13/3 N.E. 163 St. | |
| (P.O. Box NOT acceptable) | |
| N.M.B., Fr. 3316-1 | الله الله الله الله الله الله الله الله |
| (City/State/Zip) | |
| | |
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| to parent entire of process | for the above |
| Having been named as registered agent and to accept service of process stated corporation at the place designated in this certificate, I hereby accept the | |
| as registered agent and agree to act in this capacity. I further agree to c provisions of all statutes relating to the proper and complete performance of | Circory viii |
| provisions of all statutes relating to the proper and complete performance of a familiar with and accept the obligations of my position as registered as | eni. |
| φ . φ | 7 |
| SIGNATURE Jour Cote | |
| | |
| DATE | |
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| | TILEL JUN 25 PM LAHASSEE |
| | H. P |
| DECOMPRED A OFFIT FILLING FEE. 625 AA | |
| REGISTERED AGENT FILING FEE: \$35.00 | ATE 12 |
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