

TRANSMITTAL LETTER

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Subject Magical Memories Inc.

Enclosed is an original and two (2) copies of the articles of incorporation and a check for

☒ \$78.75  
Filing Fee  
& Certified Copy

☐ \$122.50  
Filing Fee  
& Certified Copy  
(ADD'T'L COPY REQ'D)

☐ \$131.25  
Filing Fee,  
Certified Copy  
& Certificate  
(ADD'T'L COPY REQ'D)

FROM:	Nellie Akalp
	30141 Agoura Road, Suite 205 Agoura Hills, California 91301

100004738551--2  
-12/26/01--01044--013  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

FILED  
01 DEC 26 AM 11:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

NOTE: Please provide the original and one copy of the articles. Provide TWO copies if you have requested a certified copy as designated in the boxes above.

12-28-01  
WPC

ARTICLES OF INCORPORATION  
OF  
Magical Memories Inc.

*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 Memories Inc.

ARTICLE II      PRINCIPAL OFFICE

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

16701 Sarah's Place 1-105  
Clermont, Florida 34711

ARTICLE III      SHARES

The number of shares that this corporation is authorized to have outstanding at any one time is: 3,000 at \$0.50 par value per share.

ARTICLE IV      INITIAL DIRECTORS

The name(s) and address(s) of the initial Director(s) is/are:

Amber Joyce Stump  
16701 Sarah's Place 1-105  
Clermont, Florida 34711

Kendall Stump  
16701 Sarah's Place 1-105  
Clermont, Florida 34711

ARTICLE V      INITIAL REGISTERED AGENT AND STREET ADDRESS

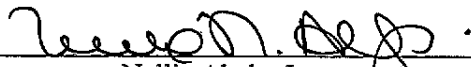
The name and Florida street address of the initial registered agent is:

Kendall Stump  
16701 Sarah's Place 1-105  
Clermont, Florida 34711

ARTICLE VI      INCORPORATOR


The name and address of the incorporator to these Articles of Incorporation is:

Nellie Akalp  
30141 Agoura Road, Suite 205  
Agoura Hills, California 91301

  
Nellie Akalp, Incorporator

12/18/01  
Date

*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.*

  
Kendall Stump, Registered Agent

12-19-01  
Date

FILED  
01 DEC 26 AM 11:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA