POAOOOSSOII8 TRANSMITTAL LETTER

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

200005430992--5 -05/02/02--01054--012 *****78.75 *****78.75

☐ \$70.00 Filing Fee	nal and one(1) copy of the artic \$78.75 Filing Fee	□\$78.75	□ \$87.50
	& Certificate of Status	Filing Fee & Certified Copy	Filing Fee, Certified Copy & Certificate of
		ADDITIONAL CO	Status PY REQUIRED
FROM:	Name (I	Printed or typed)	
	Hoffmeier Acce 5101 NW 21st A	•	SE TA

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

Daytime Telephone number

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ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)	\$
The name of the corporation shall be:	
Magic Touch Dacorative Po	inting, Inc.
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is:	
127 ME. 17th avenue Ft. Lauderdale Fl. 33301	OZ N SECRI TALLA
The purpose for which the corporation is organized is:	TANY C
	PW 2: C
ARTICLE IV SHARES The number of shares of stock is:	DA CONTRACTOR OF THE CONTRACTO
ARTICLE V INITIAL OFFICERS/DIRECTORS (optional) The name(s) and address(es):	7 *
•	
ARTICLE VI REGISTERED AGENT	
The name and Florida street address registered agent is:	• ' '
127 NE 17th Ovenue Et Loudenchle El 22301	
ARTICLE VII INCORPORATOR The name and address of the Incorporator is:	- au
127 U.S. 17+1 avenue	· .
**************************************	*********
Having been named as registered agent to accept service of process for the above states certificate, I am familiar with and accept the appointment as registered agent and agree to the appointment agree to the ap	d corporation at the place designated in this to act in this capacity
Signature/Registered Agent	<u>U-22-02</u> Date
X / Sexchole	U-22-00
Signature/Incorporator	Date

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