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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates o	of Status
Special Instructions to	Filing Officer:	

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TRANSMITTAL LETTER

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

SUBJECT: MAGAN ENTERPRISES, INC. (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)				
Enclosed are an orig	inal and one (1) copy of the arti	cles of incorporation and	d a check for:	
\$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED	
FROM:	MARK MAC Name (
	LEESBULG, F1. City,: 813-293-46 Davime Te			

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

ARTICLES OF INCORPORATION

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

FH ED

03 JUL -3 AM 4: 17

ARTICLE I NAME

The name of the corporation shall be:

MAGAN ENTERPRISES, INC.

SECRETARIA DE STATE TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

32539 BURRELL AVE LEESBURG, Fl. 34788

ARTICLE III **PURPOSE**

The purpose for which the corporation is organized is:

KETAIL SALES

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

JULIO MAGAN

PRESIDENT

32539 BULLEL AVE. LEESBURG, FI. 34788

MECHELE MAGAN

VIP. OF SALES

32539 BULLELL AVE. LEESBURG, Fl. 34788

MONEQUE SUTTON

V.P. OF MARKETING

32531 PuzDum Aug

LEESBURG, Fl. 34788

ARTICLE VI REGISTERED AGENT

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

MAGAN

32539 BURRELL AVE

LEESBURG, Fl. 34788

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

JULIO MAGAN 32539 BULLELL AVE. LEESBURG, Fl. 34788

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity