

PD3000140383

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

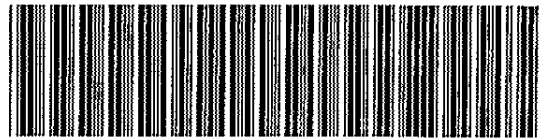
Certificates of Status _____

Special Instructions to Filing Officer:

✓

D. WHITE DEC - 1 2003

Office Use Only



700024650977

11/17/03--01079--022 **78.75

FILED
03 NOV 17 AM 10:34
SECRETARY OF STATE
TALLAHASSEE FLORIDA

TRANSMITTAL LETTER

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

SUBJECT: MAGNIFYING SOLUTIONS OF FLORIDA, INC.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00 ☒ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: PENELOPE T. BRYAN
Name (Printed or typed)

535 Central Avenue
Address

St. Petersburg, FL 33701
City, State & Zip

(727) 823-4191
Daytime Telephone number

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)

ARTICLE I NAME

The name of the corporation shall be:

MAGNETIC SOLUTIONS OF FLORIDA, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

6537 Central Avenue
St. Petersburg, FL 33710

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ALL LEGAL PURPOSES.

ARTICLE IV SHARES

The number of shares of stock is:

1,000, par value \$1.00 per share

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

MICHAEL CASTLEMAN, DIRECTOR & PRESIDENT.

ARTICLE VI REGISTERED AGENT

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

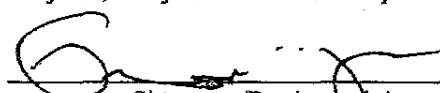
PENELOPE T. BRYAN
RANDERT, STEELE, BRYAN, BOLE & REYNOLDS, P.A.
535 Central Avenue, St. Petersburg, FL 33701


ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

MICHAEL CASTLEMAN
6537 Central Avenue
St. Petersburg, FL 33710

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



Signature/Registered Agent


Signature/Incorporator

11/6/2003

Date
11/6/2003

Date

FILED

03 NOV 17 AM 10:34

SECRETARY OF STATE
TALLAHASSEE FLORIDA