# P04000129174

| Special Instructions to Filing Officer:  |   |
|--|---|
| (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  ertified Copies Certificates of Status  Special Instructions to Filing Officer: | (Requestor's Name)                      |
| (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  ertified Copies Certificates of Status  Special Instructions to Filing Officer:            | (Address)                               |
| PICK-UP   WAIT   MAIL  (Business Entity Name)  (Document Number)  ertified Copies _ Certificates of Status  Special Instructions to Filing Officer:                                | (Address)                               |
| (Business Entity Name)  (Document Number)  ertified Copies Certificates of Status  Special Instructions to Filing Officer:   | (City/State/Zip/Phone #)                |
| (Document Number)  ertified Copies Certificates of Status  Special Instructions to Filing Officer:   | PICK-UP WAIT MAIL                       |
| ertified Copies Certificates of Status   | (Business Entity Name)                  |
| Special Instructions to Filing Officer:  | (Document Number)                       |
|  | ertified Copies Certificates of Status  |
|  | Special Instructions to Filing Officer: |
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| Office Use Only  |   |

AUTHORIZATION BY PHONE TO

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# TRANSMITTAL LETTER

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

| SUBJECT: THE M          | AGIC QUILLL, INC.                          |  |  |
|-------------------------|--|--|--|
|                         | (PROPOSED CORPORA                          | TE NAME – <u>MUST INCL</u>                           | UDE SUFFIX)  |
| Enclosed are an orig    | ginal and one (1) copy of the arti         | cles of incorporation and                            | a check for:   |
| □ \$70.00<br>Filing Fee | \$78.75 Filing Fee & Certificate of Status | □ \$78.75 Filing Fee & Certified Copy  ADDITIONAL CO | \$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED |
| FROM: TH                | IE MAGIC QUILL, INC.                       | <b>75</b>  |  |
|                         | Name                                       | (Printed or typed)                                   |  |
|                         | 609 Tradewinds Drive                       | Address  | <del> </del>   |
|                         | Deltona, FL 32738                          | State & Zip  | <del></del>  |
|                         | 386-575-2773                               |  | ·  |
|                         | Daytime T                                  | elephone 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:

THE MAGIC QUILL, INC.

#### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 609 Tradewinds Drive Deltona, FL 32738

#### ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Advertising & Graphic Designs

#### ARTICLE IV SHARES

The number of shares of stock is: 100°.

#### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Myma Torres - President, VP, Treasure, Secretary

#### ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Myrna Torres 609 Tradewinds Drive Deltona, FL 32738

#### ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is:

Myrna Torres 609 Tradewinds Drive Deltona, FL 32738

| ***********   | *************  |
|---|--|
| Having been named as registered agent to accept service of process justificate, I am familiar with and accept the appointment as registered | for the above stated corporation at the place designated in the<br>d agent and agree to act in this capacity |
| Man /mel  | 09/03/2004   |
| Signature/Registered Agent  | Date   |
| If fund from  | 09/03/2004   |
| Signature/Incorporator  | Date   |

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