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TRANSMITTAL LETTER

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

SUBJECT: Majiko	Inc. (PROPOSED CORPORA)	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)	 ;		
Enclosed are an original	ginal and one (1) copy of the artic	cles of incorporation and	a check for:	_		
\$70.00 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 PPY REQUIRED			
FROM: Fig.	orella Nicovic					
	Name	(Printed or typed)				
	1748 Long Bow Lane			ALL)	N 76	
		Address		ASSVIII AUVILLI	01/15	
	Clearwater FL 33764 City,	State & Zip		' GT STATE 'E, Florid	04 NOV 15 PH 1:40	(T)
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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:

Majiko Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 1765 Gulf To Bay Blvd. Clearwater FL 33756

ARTICLE III **PURPOSE**

The purpose for which the corporation is organized is:

To conduct an ongoing lawful business

ARTICLE IV SHARES

The number of shares of stock is:

1000 shares of 1 dollar par value common stock

INITIAL OFFICERS AND/OR DIRECTORS ARTICLE V

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

Fiorella Nicovic, 1748 Long Bow Lane, Clearwater FL 33764

REGISTERED AGENT ARTICLE VI

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

Fiorella Nicovic, 1748 Long Bow Lane, Clearwater FL 33764

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Fiorella Nicovic, 1748 Long Bow Lane, Clearwater FL 33764

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