P06000080797

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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2006 JUN -5 P 12: 34
SECRETARY OF STATE



COVER LETTER

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

SUBJECT: Old Magnolia 05	T TONICA TE NAME - MUST INCL	DE SUFFIX)
Enclosed are an original and one (1) copy of the artic		
Filing Fee Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status
FROM: Roger McWhorter		
Name	(Printed or typed)	
2023 N. Atlantic Ave. #	#161 Address	,
	Address	
Cocoa Beach FI 32931	h.; 4 7.	,
City,	State & Zip	
305-673-5040	elephone number	
Daytine 1	crobitone itmitoer	

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



FLORIDA DEPARTMENT OF STATE Division of Corporations

May 18, 2006

ROGER MCWHORTER 2023 N. ATLANTIC AVE., #161 COCOA BCH, FL 32931

SUBJECT: OLD MAGNOLIA OF FLORIDA, INC.

Ref. Number: W06000023082

We have received your document for OLD MAGNOLIA OF FLORIDA, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6995.

Wanda Cunningham Document Specialist New Filing Section

Letter Number: 006A00035170

06 JUN -5 PN 2:50

THE OF THE CONTROL ATTOM	E.	
REFICLES OF INCORPORATION compliance with Chapter 607 and/or Chapter 621, F.S. (Pro	fit) MINUNED TASSORESSEONS PERSONS AT COASSORS AT COASSORS	
	JUN ED	
ARTICLE I NAME The name of the corporation shall be:	AZEONETO S P.	•
	887 OF - 234	
NEW MAGNOLIA CORPOR	ATIONSAMO	
ARTICLE II PRINCIPAL OFFICE	104	
The principal place of business/mailing address is:		
2023 N. Atlantic Ave. #161 Cocoa Beach Fl 32931		
ARTICLE III PURPOSE		
The purpose for which the corporation is organized is:		
Any lawful purpose		
ARTICLE IV SHARES	•	
The number of shares of stock is:		
500		
ARTICLE V INITIAL OFFICERS AND/OR DIREC	TORS	
List name(s), address(es) and specific title(s):		
Roger McWhorter, Pres. 2023 N. Atlantic Ave. #161		
Cocoa Beach FI 32931		
ARTICLE VI REGISTERED AGENT		
The name and Florida street address (P.O. Box NOT acceptal	ble) of the registered agent is:	
Roger McWhorter		
2023 N. Atlantic Ave. #161		
Cocoa Beach Fl 32931		
ARTICLE VII INCORPORATOR		
The <u>name and address</u> of the Incorporator is:		
Roger McWhorter 2023 N. Atlantic Ave. #161		
Cocoa Beach Fl 32931		
***************	**********	
Having been named as registered agent to accept service of process for the	e above stated corporation at the place designated in th	is
certificate, I am familiar with and accept the appointment as registered age	и или идгее w ист ит иль сирисиу	
Locar Markorter	2/6/06	
Signature/Registered Agent	Date	
(Kozer Mc Whorter	2/6/06	
Signature/Incorporator	Date	