

P.10000161389

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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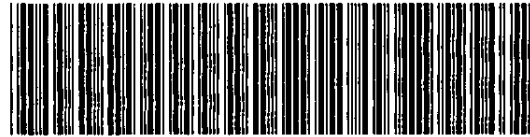
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2010 DEC 16 PM 1:44  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. Shivers DEC 16 2010

## COVER LETTER

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

SUBJECT: MagnifiSCENT Solutions, 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 Filing Fee  
☒ \$78.75 Filing Fee  
& Certificate of Status

☐ \$78.75 Filing Fee  
& Certified Copy  
☐ \$87.50 Filing Fee,  
Certified Copy  
& Certificate of  
Status  
**ADDITIONAL COPY REQUIRED**

FROM: Rebecca H. Rhoden

Name (Printed or typed)

20256 Sugarloaf Mtn Rd

Address

Clermont, FL 34715

City, State & Zip

(407) 948-5658

Daytime Telephone number

becky@westorangelumber.com

E-mail address: (to be used for future annual report notification)

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

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TALLAHASSEE, FLORIDA  
CLERK OF SUPERIOR COURT

**ARTICLES OF INCORPORATION**

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

**ARTICLE I NAME** MagniSCENT Solutions, Inc.  
The name of the corporation shall be:

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
20256 Sugarloaf Mtn. Rd.  
Clermont, FL 34715

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
Sales and Marketing of Direct Sales products

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: Rebecca H. Rhoden, President  
Address: 20256 Sugarloaf Mtn Rd  
Clermont, FL 34715

Name and Title: Kevin T. Rhoden, V. Pres  
Address: 20256 Sugarloaf Mtn Rd.  
Clermont, FL 34715

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

Name: Rebecca H Rhoden  
Address: 20256 Sugarloaf Mtn Rd  
Clermont, FL 34715

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Rebecca H Rhoden  
Address: 20256 Sugarloaf Mtn Rd  
Clermont, FL 34715

*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*

Rebecca H Rhoden

Required Signature/Registered Agent

11/29/10

Date

*I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.*

Rebecca H Rhoden

Required Signature/Incorporator

11/29/10

Date

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STATE DEPT OF FLORIDA  
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