

P11000088629

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

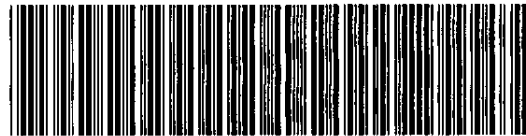
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

ADDED SHARES OF STOCK
PER TELEPHONE CONVERSATION
WITH K. POWELL.

K 10/11/11

Office Use Only



100212936091

10/06/11--01009--023 **78.75

STATE
TALLAHASSEE, FLORIDA

11 OCT -6 AM 9:08

FILED

K 10/11/11

COVER LETTER

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

SUBJECT: OFFICE MAGIC JANITORIAL SERVICES 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: KENNETH L. POWELL

Name (Printed or typed)

484 WASECA DRIVE

Address

LANTANA, FLORIDA 33462

City, State & Zip

(561) 434-4930 OR (-

Daytime Telephone number

OFFICEMAGICWPB@AOL.COM

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

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: **OFFICE MAGIC JANITORIAL SERVICES INC.**

ARTICLE II PRINCIPAL OFFICE

Principal street address
484 WASECA DRIVE
LANTANA, FLORIDA 33462

Mailing address, if different is:

N/A

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
COMMERCIAL JANITORIAL SERVICES

ARTICLE IV SHARES

The number of shares of stock is: **100**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: KENNETH L. POWELL (PRESIDENT)	Name and Title: _____
Address: 484 WASECA DR.	Address: _____
LANTANA, FL 33462	_____

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____

ARTICLE VI REGISTERED AGENT

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

Name: **KENNETH L. POWELL**
Address: **484 WASECA DR.**
LANTANA, FL 33462

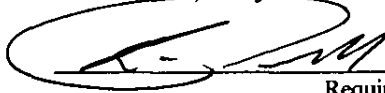
ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: **KENNETH L. POWELL**
Address: **484 WASECA DR.**
LANTANA, FL 33462

11 OCT -6 AM 9:08
STATE
TALLAHASSEE, FLORIDA

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



Required Signature/Registered Agent

04/13/2011

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.



Required Signature/Incorporator

04/13/2011

Date