

P12000023449

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

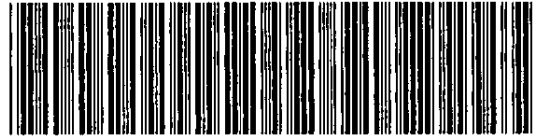
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 MAR -8 PM 1:26

PS 3/9/12

COVER LETTER

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

SUBJECT: I Love the Magic City Miami, Inc., a Florida corporation
(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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: Maria B. Winstel
Name (Printed or typed)

1547 SW 8 Street
Address

Miami, Florida 33135
City, State & Zip

305-788-4081
Daytime Telephone number

bettywinstel@yahoo.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: I Love the Magic City, Miami, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
1547 SW 11 Terrace
Miami, Florida 33135

Mailing address, if different is:
1547 SW 11 Terrace
Miami, Florida 33135

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
For any and all legal and lawful business for profit.

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ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Maria B. Winstel, Director
Address: 1792 SW 11 Terrace
Miami, Florida 33135

Name and Title: _____
Address: _____

Name and Title: Barbara Aguiar, Director
Address: 1792 SW 11 Terrace
Miami, Florida 33135

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: Maria B. Winstel
Address: 1792 SW 11 Terrace
Miami, Florida 33135

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Maria B. Winstel
Address: 1792 SW 11 Terrace
Miami, Florida 33135

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]
Required Signature/Registered Agent

1/6/2012
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.

[Signature]
Required Signature/Incorporator

1/6/2012
Date