P12000004074

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(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
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2553-1411-W120000 3710169



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SECRETARY OF STATE
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COVER LETTER

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

SUBJECT: Magnolia Concepts, Inc	D			
(PROPOSED CORPORA	TE NAME – <u>MUST INCI</u>	LUDE SUFFIX)		
Enclosed are an original and one (1) copy of the artic	cles of incorporation an	d a check for:		
•			1	
\$70.00 \$78.75	\$78.75	\$87.50		
Filing Fee Filing Fee	□Filing Fee	Filing Fee,		
& Certificate of Status	& Certified Copy	Certified Copy & Certificate of		
		Status		
	ADDITIONAL CO	= :::		
		v_{i},v_{i}		
FROM: Vanessa Adams				
Name	(Printed or typed)			
1596 Shadowmoss Circle Address			12	<u> </u>
A	address		12 JUL	107
Lake Many Florida 2274	16		L 20	
<u>Lake Mary, Florida 3274</u> City,	State & Zip			, <
J.,			P	콧으므
407 450 6736			ယ္	
Daytime Te	elephone number		3: 27	
				3
vanessa adams1029@y	anoo.com	notification)		- -

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



RECEIVED
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SECRETARY OF STATE
FLORIDA DEPARTMENT OF STATEALLAHASSEE. FLORIDA

Division of Corporations

July 12, 2012

VANESSA ADAMS 1596 SHADOWMOSS CIRCLE LAKE MARY, FL 32746

SUBJECT: MAGNOLIA CONCEPTS, INC

Ref. Number: W12000037069

We have received your document for MAGNOLIA CONCEPTS, 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):

The document must contain a registered agent with a Florida street address and a <u>signed</u> statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

The registered agent must sign accepting the designation.

Please return the corrected 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) 245-6052.

Claretha Golden Regulatory Specialist II New Filing Section

Letter Number: 212A00018703

12 JUL 20 PM 3: 27

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:	ia Concepts, Inc. SECOLIARY OF STATE NIVIST - F CORPORATIONS
•	
ARTICLE II PRINCIPAL OFFICE Principal street addre	ss Mailing address, 2f different is: PM 3: 27
1596 Shadowmoss Circ	ie
Lake Mary, Fl. 32746	
ARTICLE III PURPOSE	
The purpose for which the corporation is orga	
Buying and selling cosmetic conta	iners
ARTICLE IV SHARES The number of shares of stock is:100	
ARTICLE V INITIAL OFFICERS A	ND/OR DIRECTORS
Name and Title: Vanessa Adams	
	S Circle Address:
Lake Mary, Fl 327	46
Name and Title:	Name and Title:
	Address:
Name and Title: Address:	Name and Title:Address:
ARTICLE VI REGISTERED AGEN	
The name and Florida street address (P.O. B Name: Vanessa Adams	
Address: 1596 Shadowno Lake Mary, Fl 32	oss Circle
ARTICLE VII INCORPORATOR	
The <u>name and address</u> of the Incorporator is: Name: <u>Vanessa Adams</u>	
Address: 1596 Shadowmo Lake Mary, FI 32	
Having been named as registered agent to ac this certificate, Lam familiar with and accept	ecept service of process for the above stated corporation at the place designated in the appointment as registered agent and agree to act in this capacity
4	7/19/2012
Required Signature	
I submit this document and affirm that the j	facts stated herein are true. I am aware that the false information submitted in a es a third degree felony as provided for in s.817.155, F.S.
Vanese Ad	7/19/2012
Required Signati	re/Incorporator Date