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(Requestor's Name)					
(Address)					
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PICK-UP WAIT MAIL					
(Business Entity Name)					
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COVER LETTER

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

_{ѕивјест:} Мас	gie Mae, Inc.		
	(PROPOSED CORPOR	ATE NAME – <u>MUST INCL</u>	<u>UDE SUFFIX</u>)
Enclosed are an orig	inal and one (1) copy of the ar	ticles of incorporation an	d a check for:
\$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 COPY REQUIRED	
FROM:	hristy L. Jaeckel		
	. Nam	e (Printed or typed)	
71	27 Young Stree	et	
		Address	
Br	oooksville, Fl. 3	4601	
-	City	, State & Zip	
<u>35</u>	2-540-1021		
	Daytime '	Telephone number	

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

christyjaeckel@yahoo.com

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

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

ARTICLE I NAM The name of the corporat	E Maggie Mae, Inc.		
ARTICLE II PRINCIPAL OFFICE Principal street address 7127 Young Street		Mailing address, if different is:	
Brooksville, Fl			
ARTICLE III PURI The purpose for which the	POSE ne corporation is organized is:	d all lawful	l business
			<u>≥</u> %
The number of shares of			CONTRACTOR STATE
	Christy L. Jaeckel, President	Name and Title	Richard T. Jaeckel, Treasure
Address	7127 Young Street	_ Address:	7127 Young Street
	Brooksville, Fl. 34601	-	Brooksville, Fl. 34601
Name and Title:			
Name and Title:			:
		.	

Address		Address:	
ARTICLE VI The name and FI	REGISTERED AGENT orida street address (P.O. Box NOT acceptable) o	of the registered agent is:	
Name:	Christy L. Jaeckel		
Address:	7127 Young Street	_	
/ Tour Cost	Brooksville, Fl. 34601		
ARTICLE VII	INCORPORATOR	SECRE ALL ARE	
The name and ad	Idress of the Incorporator is:	سمو طوقة	۳,
Name:	Christy L. Jaeckel	<u>, oo çêşê</u>	
Address:	7127 Young Street		J
. 100.000.	Brooksville, Fl. 34601	AM IO: 34 OF STATE FLORIDA	
I submit this doc	Required Signature/Registered Agent	Bate The true. I am aware that the false information submitted in a	
Chri	Required Signature/Incorporator	3/13/13 Date	

Name and Title:______ Name and Title:_____