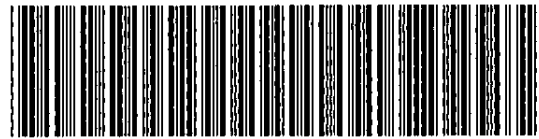


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TALLAHASSEE, FLORIDA

05/28/13--01015--005 **78.75

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

MD 5/30

COVER LETTER

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

SUBJECT: Magic Genie Cleaning, 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: Shawn Smith

Name (Printed or typed)

620 Dundee Rd.

Address

Dundee, FL 33838

City, State & Zip

863-676-3595

Daytime Telephone number

magicGclean@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: Magic Genie Cleaning, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

Shawn Smith Prior

620 Dundee Rd.

Dundee, FL 33838

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Residential cleaning

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TALLAHASSEE, FLORIDA

ARTICLE IV SHARES 100

The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Shawna Smith Prior, Pres. & Sec

Name and Title: _____

Address 620 Dundee Rd.

Address: _____

Dundee, FL 33838

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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: Shawna Prior
Address: 620 Dundee Rd.
Dundee, FL 33838

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TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Shawna Prior
Address: 620 Dundee Rd.
Dundee, FL 33838

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

Shawna Prior
Required Signature/Registered Agent

5/17/2013

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.

Shawna Prior
Required Signature/Incorporator

5/17/2013

Date