

PI3000077863

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

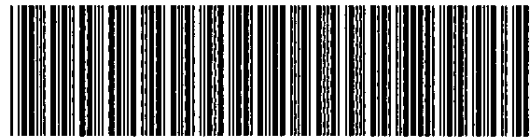
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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13 SEP 17 PM 3:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ymd 9/20

## COVER LETTER

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

**SUBJECT:** Magalene Price Co.

(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      ☐ \$78.75  
Filing Fee      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
<b>ADDITIONAL COPY REQUIRED</b>	

**FROM:** Magalene Price

Name (Printed or typed)

Po Box 825082

Address

Pembroke Pines, Florida 33082

City, State & Zip

754-423-1953

Daytime Telephone number

pricemagalene@gmail.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: Magalene Price Co.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

3101 SW 61 Ave Apt North

Miramar, Florida 33023

Mailing address, if different is:

Po Box 825082

Pembroke Pines, Florida 33082

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Secured transactions and to develop  
Communities of low income as well as collateral Record Owner Status.

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**ARTICLE IV SHARES**

The number of shares of stock is: 1,000,000

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Magalene Price

Address

Po Box 825082

Pembroke Pines, Fl. 33082

Name and Title: Magalene Price

Address:

Po Box 825082

Pembroke Pines, Fl. 33082

Name and Title: \_\_\_\_\_

Address

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

(cont.)

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: Magalene Price  
Address: 3101 SW 61 Avenue Apt North  
Miramar, Florida 33023

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**ARTICLE VII INCORPORATOR**

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

Name: Magalene Price  
Address: Po Box 825082  
Pembroke Pines, Fl. 33082

*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*

Magalene Price  
Required Signature/Registered Agent

9-13-2013  
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.*

Magalene Price  
Required Signature/Incorporator

9-13-2013  
Date