

PI3000077863

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(Requestor's Name)

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(Address)

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(Address)

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(City/State/Zip/Phone #)

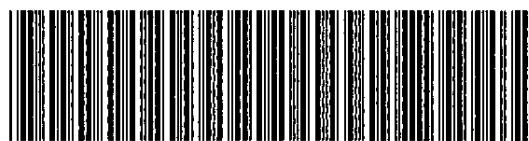
PICK-UP     WAIT     MAIL

(Business Entity Name)

(Document Number)

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

**Special Instructions to Filing Officer:**



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03/17/13--01016--007 \*\*87,50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

77

Office Use Only

MD 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

\$78.75       \$87.50  
Filing Fee      Filing Fee,  
                    & Certified Copy      Certified Copy  
                    Status      & Certificate of  
                    Status

**ADDITIONAL COPY REQUIRED**

**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.**



(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

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

**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