## 400064507

(Requestor's Name)				
(Address)				
(Address)				
(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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## FLORIDA DEPARTMENT OF STATE Division of Corporations

June 13, 2014

MARGARITA MARTIN 13.40 PARKWOOD ST CLEARWATER, FL 33755

SUBJECT: MAGIS ART & CRAFTS INC

Ref. Number: W14000025414

We have received your document for MAGIS ART & CRAFTS INC and your check(s) totaling \$87.50. 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.

Tyrone Scott
Regulatory Specialist II
New Filings Section

Letter Number: 414A00012907

www.sunbiz.org

Division of Comparations DO POV 6227 Tellahassas Florida 22214

## **COVER LETTER**

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

<sub>ѕивјест:</sub> Мас	gis Art & Crafts I		(DE CHEELV)
	(PROPOSED CORPORA	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the ar	ticles of incorporation and	d a check for:
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status  OPY REQUIRED
FROM: M	agis Art & Crafts	s Inc	
<u>13</u>	340 Parkwood S	t	
CI	earwater, Fl 337		
72	City 27-953-0295	, State & Zip	· ,
	Daytime '	Telephone number	<del></del>

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

magisartcrafts@hotmail.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 NAME The name of the corpora	Magis Art & Craf	fts Inc	
	NCIPAL OFFICE Principal street address	Mailing address, if	different is:
Clearwater, F	1 33755		
ARTICLE III PUR The purpose for which t Crafts product	POSE the corporation is organized is:  Sale C	of unique hand made a	art and
			SAVISION IN THE SAVISION IN TH
The number of shares of  ARTICLE V INIT	TIAL OFFICERS AND/OR DIRECTO	<u> </u>	0 PH12: 34
Name and Title:	Margarita Marin - P 1340 Parkwood St	Name and Title:Address:	
Address	Clearwater, FI 33755		
Name and Title	;	Name and Title:	
Address			
Name and Title	:		
Address		Address:	

Name and	l Title:	Name and Title:
Address	· • •	Address:
ARTICLE VI	REGISTERED AGENT	
	prida street address (P.O. Box NOT acceptable) of	the registered agent is:
Name:	Marganta Marin	
Address:	1340 Parkwood St	
	Clearwater , 81 3375	*50 <sup>- *</sup> 4.5 <sub>max</sub>
ARTICLE VII	INCORPORATOR	FW12: 3u
The <u>name and ad</u>	dress of the Incorporator is:	
Name:	Margarita Marin	
Address:	1340 Parkwood St	
	Clearwater, FI 33755	
Having been nam this certificate, I a	ed as registered agent to accept service of process m familiar with and accept the appointment as regi	for the above stated corporation at the place designated in stated agent and agree to act in this capacity
	MAL	5/14/14
	Required Signature/Registered Agent	Date
I submit this docu document to the D	ement and affirm that the facts stated herein are to epartment of State constitutes a third degree felony	rue. I am aware that the false information submitted in a as provided for in s.817.155, F.S.
·	Required Signature/Incorporator	2/ / / / / Date