## P150000233332

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(Address)					
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(Document Number)					
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## **COVER LETTER**

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

## SUBJECT: DBRAZIL MAGIC CLEANING SERVICES 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 \$78.75 \$\$1ling Fee Filing Fee & Certificate of Status

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

ADDITIONAL COPY REQUIRED

EDOM.	LUIS JACOBO				
rkowi.	Name (Printed or typed)				
	6220 W 21 COURT				
	Address				
	HIALEAH, FL 33016				
	City, State & Zip				
	305-556-0044				
	Daytime Telephone number				
	INFO@JACOBOTAX.COM				
	E-mail address: (to be used for future annual report notification)				

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

Department of State Division of Corporations Tallahassee, FL

03/03/2015

Ref: Document number P13000016530

Dear Sir/Madam

The present letter is to let you know that I will not file a reinstatement for DBRAZIL MAGIC CLEANING SERVICES INC with above mentioned document number.

Please release name to use on a new articles on the attached documents

Thanks for your help and support on this matter; feel free to contact me as soon as possible in case necessary.

Sincerely yours

DANTELA DIAS

President

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

ARTICLE I NAM The name of the corpora	TE tion shall be: DBRAZIL MAGIC	CLEANING SERV	ICES INC
ARTICLE II PRI	<b>NCIPAL OFFICE</b> Principal <u>street</u> address	Mailing address, if different is:	
6757 SW 88 S			
C-310 ·	4.50		
MIAMI, FL 33	156		<u> </u>
ARTICLE III PUR The purpose for which t	POSE he corporation is organized is:	WFUL BUSINESS	
Mile - ex		<u> </u>	
	stock is: 100  TIAL OFFICERS AND/OR DIRECTOR:	<u></u>	FILL 15 MAR -9 SECRETAHY TALLAHASSE
Name and Title	DANIELA DIAS, PRESIDENT	Name and Title:	
Address	6757 SW 88 ST	Address:	STATE 2
	APT C-310 MIAMI, FL 33156		
Name and Title:		Name and Title:	
Address			
		· · · · · · · · · · · · · · · · · · ·	
Name and Title:		Name and Title:	
Address		Address:	
			· · · · · · · · · · · · · · · · · · ·



Name an	d Title:	Name and Title:	15 MAR -9 PM 12: 26
Address		Address: _	SECRETARY OF STATE TALLAMASSEE, FLORIDA
		-	
		-	
ARTICLE VI The name and Fl	REGISTERED AGENT  orida street address (P.O. Box NOT acceptable) of	the registered ager	nt is:
Name:	LUIS JACOBO		
Address:	6220 W 21 CT		
	HIALEAH, FL 33016		
The name and ad  Name:  Address:	INCORPORATOR  Idress of the Incorporator is:  DANIELA DIAS  6757 SW 88 ST APT C-310		
	MIAMI, FL 33156		
I submit this docu	Required Signature/Registered Agent  when the facts stated herein are to be partment of State constitutes a third degree felony	stered agent and a	gree to act in this dapacity  03 05 15  Days  that the false information submitted in a
accument to the E	Required Signature/Incorporator	as proviaca jor in	z 3 Date