

Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019

Phone

: (305)552-5973

Fax Number

: (305)675-5944

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:	

FLORIDA PROFIT/NON PROFIT CORPORATION **MAGIC MAID INC**

Certificate of Status	0
Certified Copy	1
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Estimated Charge	\$78.75

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Corporate Filing Menu

Help

H 1 5 U U U U 8 O U 7 : ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME: The name of the corporation is:
Magic Maid inc
ARTICLE II PRINCIPAL OFFICE:
The principal street address and mailing address is:
P: 12490 SW 283rd tr. #26A
- Horsestrad FZ 123033
ARTICLE III SHARES: The number of shares of stock is: \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:
KoDolfo Martinez Zayas. (P)
Maria Antoniela Martina Raquero (VP)
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS: The name and Florida street address (PO Box not acceptable) of the registered agent is:
Robolto Martines Zavas.
12490 SW 283 RD TexU#26A
Honestead FL 33033
ADTICLE TO ENGODDOD ATOD. The name and address of the Tourse the Samuel
ARTICLE VI INCORPORATOR: The name and address of the Incorporator is: ROCOLFO Martinez Zavas
12490 SW 283 RD Ter # 200A
Homestead FL 33033

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Required Signatures:

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

Registered Agont 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.

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