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12/1/2015

P. 001/003

**15000283654**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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**FLORIDA PROFIT/NON PROFIT CORPORATION  
MAGIC CITY MAIDS, INC**

Certificate of Status	0
Certified Copy	1
Page Count	03
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FAX No.

P. 002/003

**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:

MAGIC CITY MAIDS, INC

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

20 ISLAND AVENUE, SUITE 216

MIAMI BEACH, FL 33139

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

TO TRANSACT ANY AND ALL LAWFULL BUSINESS

**ARTICLE IV SHARES**

The number of shares of stock is: 200 SHARES PAR VALUE \$200

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

Name and Title: ASHLEY DAVIS, PD

Name and Title:

Address 20 ISLAND AVENUE, SUITE 216

Address:

MIAMI BEACH, FL 33139

Name and Title: MARIBEL BERNAL, VP

Name and Title:

Address 3551 NW 19TH TERRACE

Address:

MIAMI, FL 33125

Name and Title:

Name and Title:

Address

Address:

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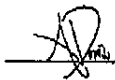
\_\_\_\_\_

\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:Name: ASHLEY DAVISAddress: 20 ISLAND AVENUE, SUITE 216MIAMI BEACH, FL 33139**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:Name: MARIBEL BERNALAddress: 3551 NW 19TH TERRACEMIAMI, FL 33125**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.*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*

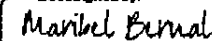
Required Signature/Registered Agent

11/20/2015

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.*

DocuSigned by:



Required Signature/Incorporator

11/20/2015

Date