

P 16 000050527

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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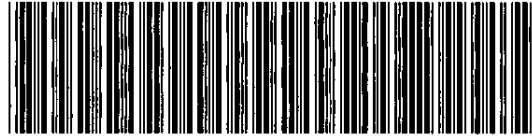
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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JULY 1, 2016

6/9/16

COVER LETTER

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

SUBJECT: Magic Fox 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
Filing Fee

☒ \$78.75
Filing Fee
& Certificate of Status

☐ \$78.75
Filing Fee
& Certified Copy

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

ADDITIONAL COPY REQUIRED

FROM: Billy E. Fox
Name (Printed or typed)
176 Clara Ave
Address
Panama City Beach, FL 32407
City, State & Zip
850-774-8410
Daytime Telephone number
bfox2359@gmail.com
E-mail address: (to be used for future annual report notification)

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

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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 Fox Inc.

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ARTICLE II PRINCIPAL OFFICE

Principal street address
8210 Grand Palm Blvd
Panama City Beach FL
32408

Mailing address, if different is: STATE

P.O. Box 9135
Panama City Beach FL
32417

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

to market and sell ice cream and related
products to the public

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Tom Pullen Pres.
Address: 8210 Grand Palm Blvd
Panama City Beach
FL, 32408

Name and Title: Carol J. Fox - Sec.
Address: 176 Clara Ave
Panama City Beach
FL 32407

Name and Title: Billy E. Fox Vice Pres
Address: 176 Clara Ave
Panama City Beach
FL 32407

Name and Title:
Address:

Name and Title: Barbara Pullen - Treas.
Address: 8210 Grand Palm Blvd
Panama City Beach
FL 32408

Name and Title:
Address:

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: Billy E. Fox
Address: 176 Clara Ave
Panama City Beach FL
32407

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Billy E. Fox
Address: 176 Clara Ave
Panama City Beach, FL
32407

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: May 1, 2016 (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

Billy E. Fox

Required Signature/Registered Agent

6-1-2016

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.

Billy E. Fox

Required Signature/Incorporator

6-1-2016

Date

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DEPT. OF STATE
TALLAHASSEE, FL