

P16000060653

(Requestor's Name)

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☐ PICK-UP

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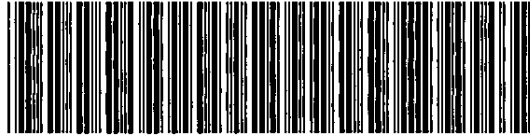
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
16 JUN 13 AM 5:43

m, ✓



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 11, 2016

MAGIC CLEAN CORP
14900 E. ORANGE LAKE BLVD.
KISSIMMEE, FL 34747

SUBJECT: MAGIC CLEAN CORP.
Ref. Number: W16000034392

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We have received your document for MAGIC CLEAN CORP. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is P13000065333.

Please return 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.

Matthew T Moon
Regulatory Specialist II

Letter Number: 316A00009929

COVER LETTER

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

SUBJECT: ON TIME * CLEANING CORP.
(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

Enclosed is 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

ADDITIONAL COPY REQUIRED

FROM: ON TIME * CLEANING CORP

Name (Printed or typed)

14900 E. ORANGE LAKE BLV. SUITE 191

Address

KISSIMMEE, FL. 34747

City, State & Zip

4075567528

Daytime Telephone number

magicclean@gmail.com

E-mail address: (to be used for future annual report notification)

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

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

ON TIME * CLEANING CORP.
The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

14900 E. Orange Lake Blvd. Suite 191

Kissimmee, Fl. 34747

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

Proude Cleaning and maintence services.

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ARTICLE IV SHARES

2000
The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Pascale Torres (President)

Name and Title: Marcia Huerta (Vice President)

Address 14900 E. Orange lake blvd suite 191

Address: 14900 E. Orange lake blvd suite 191

Kissimmee, Fl. 34747

Kissimmee, Fl. 34747

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ 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: Marcia Huerta
Address: 14900 e. Orange Lake Blv. Suite 191
Kissimmee Fl. 34747

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ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Pascale Torres
Address: 14900 E. Orange lake Blvd suite 191
Kissimmee, Fl. 34747

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

Marcia Huerta
Required Signature of Registered Agent

6/10/01
Date

I submit this document and affirm that the facts stated herein are true. I am aware that any 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.

[Signature]
Required Signature of Incorporator

6/10/01
Date